



PATIENT DECLARATION

Important considerations you
(as a patient and referring General Practitioner)
need to be aware of before signing this document are:

- The Auckland Regional Charity Hospital Trust is **NOT** part of the Public Health system and receives **NO** government funding.
- Funding is provided by public donations and grants.
- The Charity Hospitals Doctors, Nurses and Support staff are all **unpaid volunteers**.
- As a charity we all therefore have a moral responsibility to ensure that donated funds and services are used wisely and appropriately.

Print patient's name

1. I cannot get specialised help for my health condition through the public health system.
2. I do not have medical insurance that will pay for my treatment.
3. I have insufficient means to pay for my treatment in the private health system.
4. ACC will not provide any treatment cover either in full or in part for my treatment.
5. I consent to the Auckland Charity Hospital Trust holding a file copy of my medical records.
6. I understand that my records may be required for audit and quality reports.
7. I confirm I am a New Zealand Permanent Resident or Citizen.

Signed Patient _____

Signed GP _____

Practice Stamp

Date _____