



## Patient Declaration

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

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

I \_\_\_\_\_  
Print patient's name

1. I cannot get specialised help for my 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 Public 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 Regional Charity 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 that I am a New Zealand Permanent Resident or Citizen.

Signed Patient: \_\_\_\_\_

Signed GP: \_\_\_\_\_

Practice Stamp:

Date: \_\_\_\_\_

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