



Patient Declaration

Important considerations patient/referring medical specialist need to be aware of before signing this document:

- *Aotearoa Charity Hospital is **not** part of the public health system and receives **no** government funding*
- *Funding is provided by public donations and grants*
- *The hospital's doctors, nurses and support staff are all **unpaid volunteers***
- *As a charity we have a moral responsibility to ensure that donated funds and services are used wisely and appropriately.*

I _____ NHI _____
Print patient's name

- I cannot get specialised help for my condition through the public health system or ACC
- I do not have medical insurance
- I have insufficient means to pay for my treatment
- I consent to Aotearoa Charity Trust holding a file copy of my medical records
- I understand my records may be required for audit and quality reports
- I confirm that I am a New Zealand permanent resident or citizen

Patient's signature: _____

GP's signature: _____

Practice Stamp:

Date: _____

Please email with accompanying medical documentation to: info@aotearoacharityhospital.co.nz
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