Registration with a Lead Maternity Carer

MINISTRY OF HEALTH
MANATŪ HAUORA

This form is to be completed when a woman or caregiver registers with you as their Lead Maternity Carer. It must be completed in full consultation with the woman or caregiver and a copy provided to her. This form must be submitted to Ministry of Health within 20 working days of signing.

Maternity provider details

Payee number

Agreement number

Agreement holder's name

Lead Maternity Carer details

Practitioner type

☐ Medical Council of New Zealand ☐ Midwifery Council of New Zealand

Registration number

Practitioner name

Woman/caregiver details

Service provided to ☐ Birth mother ☐ Caregiver

NHI number (mandatory)

(eg, ABC1234). Please phone 0800 855 151 if you need any assistance with the NHI.

Last name(s)

First name

Previous name(s)

Street number and name

Suburb

Town/city

Postcode

Date of birth

The following must be completed if the registration is for the birth mother.

Height cm Weight • kg

Smoking status ☐ No ☐ Yes Number of cigarettes per day ☐ Less than 10 ☐ 10–20 ☐ 20+

Ethnicity

Completion of this section will assist the monitoring of health trends amongst different ethnic groups.
The categories comply with the NZHIS Standards. The person can/may select up to three groups they identify with.

☐ NZ/European	☐ Samoan	☐ Niuean	☐ Other Pacific	☐ Indian
☐ Other European	☐ Cook Island Maori	☐ Tokelauan	☐ South East Asian	☐ Other Asian
☐ New Zealand Māori	☐ Tongan	☐ Fijian	☐ Chinese	☐ Other

Pregnancy details

This section must be completed if the registration is for the birth mother.

EDD Gravida Parity LMP (estimate if necessary)

Baby details

This section must be completed if the birth mother or caregiver is registering for LMC postnatal services.

	Baby 1	**Baby 2** (where applicable)
NHI number (mandatory)		
Last name		
First name		
Date of birth		

Please ensure completed forms are attached to the Claim Summary and sent to:
Ministry of Health, PO Box 1026, Wellington 6140.

HP 5983
Dec 2015

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Certification

Birth mother or caregiver

I have chosen the above Lead Maternity Carer to provide my pregnancy care / labour and birth care / services following birth care (delete as appropriate).

I understand that:

- I can change my Lead Maternity Carer at any time
- my Lead Maternity Carer will forward the claim forms to the Ministry of Health
- the Ministry of Health will use the information in this registration form in a manner consistent with the Health Information Privacy Code 1994 to:
  - make payments to my Lead Maternity Carer for services provided to me, and
  - monitor the health status of women and their babies
  - produce the annual report on maternity; and
  - for research and statistical purposes:
    - if the research is to be published and may directly or indirectly lead to your being identified; this can only be done if the researcher has previously obtained your consent and the research has received ethics approval
    - if your health information is used for research or statistical purposes but is not published, or if it is published in a way that does not identify you, then the law currently does not require that you consent to this
- the information in this registration form will be held securely by the Ministry and will be kept confidential except when required
- to be disclosed by law. I have the right to access this information by enquiring to the Ministry of Health and I may also request that it be corrected.

I certify that the information provided by me in this form is true and correct.

Signature of birth mother or caregiver

Date

Lead Maternity Carer

I understand that:

- the Ministry of Health will use the information in this application form in a manner consistent with the Privacy Act 1993
- the information in this registration form will be held securely by the Ministry and will be kept confidential except when required to be disclosed by law.

I certify that:

- I have been chosen by the above-named person as their Lead Maternity Carer to provide my pregnancy care / labour and birth care / services following birth care (delete as appropriate).
- I agree to meet the obligations of a Lead Maternity Carer as set out in the Section 88 Primary Maternity Services Notice 2007.

I certify that the information provided by me in this form is true and correct.

Signature of Lead Maternity Carer

Date

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