



**PO Box 101063, North Shore, Auckland 0745. 215 Wairau Road, Wairau Valley, Auckland 0627**

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## **Patient Code of Conduct with Health-I Care**

Health-I Care medical practice will treat me (as a registered patient) according to the Health and Disability Code of Rights.

I agree to abide by Health-I Care's code of conduct as follows:

1. I shall treat staff with respect.
2. I acknowledge that each appointment slot is in 15 minutes.
3. If I am late for an appointment, I understand I will have to reschedule the appointment
4. I understand that if I miss my appointment or do not present to my appointment without prior notification of at least 90 minutes, I will be charged a full consultation fee.
5. I will present no more than two problems at each consultation.
6. Clinical staff will prioritise and defer some presented problems to a further appointment time.
7. If I run over time due to expectation of covering more problems, I will pay an extra fee for extra time.
8. I will also pay for any extra charges as determined with the staff including, but not limited to, ECG, injections, cervical smears, excisions, liquid nitrogens.
9. I will pay in full for my consultation on the day if not arranged by prior approval with reception.
10. Any reduced fee differences to those published is at the discretion of staff.
11. If I lose a current prescription, it is at the discretion of staff to provide another prescription which will be paid for.
12. If I have any problems or difficulties with the clinic or staff conduct, I will report this immediately by, but not limited to, filling in a complaint form or directly discussing with staff.

Registered Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Office Use:

Inform patient that Health & Disability Code of Rights (The Code) are available online and in hardcopy