

Summary

Objective

An advocate is someone who acts on behalf of a client. They may get involved when a client wishes to be supported while working with ACC.

Clients can request that another person, eg an advocate, relative or friend, act on their behalf when dealing with a claim by completing an ACC5937 Authority to act form, which is added to their party record in Eos.

Owner Luanne Razak

Expert Lucy McKimm

Policy

1.0 Legislation

a The following legislation and codes govern our communications with client advocates:

-  Health Information Privacy Code 1994.pdf
-  Code of ACC Claimants' Rights.pdf
-  Privacy Act 1993
https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=I544316c2e02c11e08eefa443f89988a0&tocDs=AUNZ_NZ_LEGCOMM_TOC&isTocNav=true

2.0 Community advocacy

a ACC has a contract with three suppliers to provide a community advocacy service to ACC clients. These providers are:

- WayFinders
- Whanau Ora Commissioning Agency (WOCA)
- Workplace Injury Advocacy Service (WIAS)

The free service helps clients quickly resolve issues they have with ACC through high quality independent client advocacy. It is available throughout the country, using the following 0800 phone numbers:

- WayFinders: 0800 273 030
- Whanau Ora Commissioning Agency: 0800 222 924
- Workplace Injury Advocacy Service: 0800 486 466

3.0 Advocacy groups and ACC

a ACC works in partnership with advocates and advocacy services through the Voice of the Customer (VoC) programme, to ensure that the voice of the customer is heard and recognised by ACC. You can email the programme manager directly at voc@acc.co.nz.

They:

- work with advocacy organisations to improve the quality and availability of advocacy services for ACC clients
- coordinate the ACC Consumers' Outlook Group (a group of people who talk to ACC as representatives of the wider community)
- coordinate the Older People Advisory Group (OPAG), which is particularly concerned with injury issues for older people in the community.

4.0 Written communication

If the client gives us...	then we must address any letter, email or fax to the...
signed authority	client, with a copy to the advocate
both: <ul style="list-style-type: none">• signed authority• written advice to send all communication via their advocate	advocate, with a copy to the client
written advice to send all communication to their advocate only	advocate



Written communication.PNG

5.0 Telephone communication

- a You must make telephone contact with the advocate acting for the client, not with the client.

6.0 Exception

- a Court order provisions take precedence over these rules, eg Protection of Personal Property and Rights Orders.

When there is a Court order in place, we must comply with its provisions.

Summary

Objective

This page describes the rights and responsibilities of clients when they make a claim with us. It includes specific legislation, protection of information, representation and human rights issues. This information will help you to comply with the legislative requirements when dealing with client claims.

Owner Cheryl Gall

Expert Cheryl Gall

Policy

1.0 Rules

- a The following rules cover:
 - client rights
 - client responsibilities
 - cultural differences
 - communication
 - guidelines for human rights issues
 - guidelines for privacy issues.

2.0 Cost of support

- a Clients have the right to have the support they are eligible for funded by ACC to the maximum extent possible. We'll cover the majority of costs of required assessments and other necessary rehabilitation interventions. Sometimes, however, the regulated limit of our contribution does not match the entire amount charged by the provider and so the client must also make a contribution, as a part-charge or surcharge.

A part-charge may be incurred when:

- the client's general practitioner (GP) charges more for a consultation than we're able to pay under the regulations. The client can be charged by the provider for the additional amount
- the client was intending to pay a particular treatment cost, but an injury has increased the treatment necessary. We'll pay only for that proportion of the treatment that is necessary to address the injury
- the client wants a more expensive intervention than we consider is necessary to address the injury. We'll pay the basic cost sufficient to address the assessed need, and the client can choose to pay for an 'upgrade'.

3.0 Representation and support

- a The client has the right to bring friends, family members, whānau or other representatives with them for support whenever they meet with us or with an assessor or service provider. They don't have to explain or justify their reasons for this.

4.0 Information protection

- a All information about the client is protected under the:

-  Privacy Act 1993
https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=I544316c2e02c11e08eefa443f89988a0&isTocNav=true&tocDs=AUNZ_NZ_LEGCOMM_TOC&startChunk=1&endChunk=1
-  Health Information Privacy Code 1994.
<https://privacy.org.nz/forums-and-seminars/health-information-privacy-code/>

5.0 Information about our decisions

- a The client has the right to access all the information about decisions we make on their rehabilitation. We need to clearly explain why we consider any course of action appropriate.

6.0 Informing the client

- a** Use the VOCIS130 Returning to work after an injury information sheet to provide the client with information about their rights and responsibilities for their vocational rehabilitation.

 VOCIS130 Returning to work after an injury

- b** If you're working in Next Generation Case Management, refer to the guidelines below on when and how to inform clients of their rights and responsibilities.

 NG GUIDELINES Client Legislative Rights and Responsibilities
http://intra.ds.acc.co.nz/intra/groups/both_informe/documents/resources_and_tools/ts182579.docx

7.0 Reasonable time to consider

- a** We must allow the client a reasonable amount of time to consider information we provide to them, before they make any decisions based on it. We need to provide them with the relevant information as early as possible and make sure they fully understand it before we ask them to decide or agree to it.

8.0 Challenging decisions

- a** The client has the right to challenge any decision they disagree with, or the results of any assessment. If they do we must look seriously at whether agreement is possible. This can include getting opinions from others or revisiting the decision-making process. We must make a serious effort to reach agreement and will only defend our decision at review if agreement is unable to be reached.

9.0 Client's responsibility to participate in rehabilitation

- a** The client is responsible for as much of their own rehabilitation as they can achieve, considering the injury. In terms of the rehabilitation process, we expect them to:

- participate in all stages of developing their individual rehabilitation plan (IRP)
- attend assessment appointments
- carry out their part of any agreed interventions
- avoid activities that they agree are counterproductive to achieving the outcome.

We enable them to do this by discussing the outcome and each planned intervention as the rehabilitation progresses and asking them to sign off each version of the IRP. This represents their commitment to meet the responsibilities they've agreed to. If the client refuses to participate, without reasonable grounds, we aren't obliged to provide those interventions to them.

10.0 If the client does not meet their responsibilities

- a** We can withhold support for the client if, without good reason, they:

- fail to comply with any requirements of the legislation related to their claim
- refuse to undergo medical or surgical treatment that will assist their recovery from injury
- fail to comply with what they agreed in their IRP.

11.0 Cultural differences - ACC policies

- a** We have established partnership relationships with Māori who have participated, and continue to participate in developing, monitoring and evaluating all areas of our case management processes. This includes:

- developing culturally appropriate practices and procedures, eg it's appropriate to involve the client's whānau in developing an IRP
- encouraging more Māori participation in our organisation
- prioritising our resource allocations to take account of Māori health needs and perspectives
- reporting on indicators about our responsiveness to Māori in the annual service agreement report to the Minister for ACC.

12.0 How this affects what we do

- a** Our policies recognise the multicultural nature of our society. This is important in how we manage clients' cases, particularly rehabilitation, because we have to be able to show we've taken account of each client's cultural differences.

By being aware of and accepting our differences, we can respond appropriately to meet our requirements and clients' needs under the legislation.

13.0 How to comply with this policy

a You must:

- actively recognise, acknowledge and respect the differences between people, regardless of their age, gender, ethnicity, religion, socio-economic status, sexual orientation or ability
 - identify your own response to these differences
 - work collaboratively and cooperate with people who are different from you in these ways
 - behave in a way that doesn't discriminate against them because of these differences.
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14.0 Communication issues

a ACC is committed to communicating with clients so we:

- empower them to identify their own cultural identity and communication needs
 - identify sources of cultural expertise and support for them, such as their extended family, religious groups, community groups, national organisations, ACC's Cultural Case Advisors etc
 - ensure we spell and pronounce their names correctly
 - ensure that any information exchanged has been clearly understood by all parties involved.
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15.0 Guidelines for human rights issues

a All legislation and civil practice, including our case management processes, must comply with the public law rights contained in the:

- Human Rights Act 1993
- New Zealand Bill of Rights Act 1990.

You must be sufficiently familiar with this legislation to ensure you comply with it.

16.0 Code of Health and Disability Rights

 Code of Health and Disability Services Consumers' Rights
<https://www.westlaw.co.nz/maf/wlnz/app/document?startChunk=1&endChunk=1&docguid=1a7e35599e03f11e08eefa443f89988a0>

17.0 Guidelines for privacy issues

a The Privacy Act 1993 (Privacy Act) and Health Information Privacy Code 1994 (the Code) control how we deal with personal information about the client, including:

- how we collect, store and dispose of information
- how we access the information
- who has access to the information
- the client's right to access the information and correct it.

The Privacy Act covers all personal information while the Code focuses on personal health information.

They govern all situations where we:

- collect information about the client from them
- collect information about the client from others
- provide information about the client to others
- use information about the client for our own processes and procedures.

 Privacy Act 1993
https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=1544316c2e02c11e08eefa443f89988a0&tocDs=AUNZ_NZ_LEGCOMM_TOC&isTocNav=true

18.0 Dealing with requests for information

a If you receive a request for personal information about a client, from anyone other than the client, you must comply with the requirements of the Privacy Act when you respond.

19.0 Specific requirements

- a** When dealing with personal information about a rehabilitation client you must:
- ask the client to provide the information themselves wherever possible, to make sure that it's as accurate as possible
 - ask the client to confirm that any information provided by anyone else is accurate and complete, and to correct it if it's incorrect
 - record any client-requested correction you disagree with and the reasons why you did not make the change
 - only collect information for the purpose of processing the claim
 - dispose of securely, preferably by shredding, any information that is no longer required
 - store all personal information securely, so that only authorised people can access it
 - not give anyone permission to access the information unless they're permitted to under the Privacy Act
 - ask the client for written authority to let someone else have access to the information.
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Summary

Objective

We use Research New Zealand (RNZ) to do our customer satisfaction surveys. If a client doesn't want to participate in these surveys they must be added to the research exclusion database. ACC's Governance, Policy and Research unit/team maintain this register of excluded clients so those who opt out of research aren't contacted and their information isn't shared.

Owner Cheryl Gall

Expert Cheryl Gall

Policy

1.0 Rules

a When a client tells ACC they don't want to be involved in ACC initiated research, the staff member must:

- record the conversation they've had with the client by adding a note in the contact tab in Eos
- and add the Party Flag 'Exclude from Client Research'.



Contact

<http://thesauce/team-spaces/eos-online-help/contact/contact/index.htm>



Add a party flag

<http://thesauce/team-spaces/eos-online-help/managing-work/parties/working-with-parties/add-a-party-flag/index.htm>

2.0 Business Intelligence

a Business Intelligence uses the Eos information to add the client to the research exclusion database which ensures the client isn't selected to participate in research.

Summary

Objective

The following rules apply to adult clients over 18 who are receiving case management and are likely to continue receiving it. They may find it difficult to manage their own affairs.

These rules do not apply to clients receiving rehabilitation or entitlements for a short period only.

Owner Mike Mercier

Expert Mike Mercier

Policy

1.0 Clients unable to manage their affairs

- a** If a client is no longer able to make decisions for themselves, relatives and others can apply to the Family Court under the Protection of Personal and Property Rights Act 1988 (PPPR Act) to make a personal order or property order for the client. Alternatively, the Court can be asked to appoint a welfare guardian or property manager to make decisions for the client.

2.0 Payments to children

- a** We have a separate policy for payments to children. For more information, see either:

- Who to pay, 'Payments for children under 16 years'
- Single payment option, 'Special cases', if you need information about the independence allowance single payment option for a child under 18 years.

 [Who to Pay](#)

 [Single Payment Option Policy](#)

3.0 Youths with an intellectual disability or cognitive impairment

- a** The PPPR Act also applies to parents of children who have an intellectual disability or cognitive impairment rendering them unable to make decisions for themselves once they turn 18. Until a child reaches 18, parents as guardians can make decisions on behalf of their children. Once a child turns 18, Section 28 of the Care of Children Act 2004 says parents cease to be guardians. This means parents no longer make decisions for their children.

Serious injury coordinators must provide families with this information before a child's 18th birthday.

4.0 Criteria for creating an order

- a** For a personal or property order to be created the person must generally satisfy the criteria in the attached table.

Type of order	Criteria
Personal	<p>The person must:</p> <ul style="list-style-type: none"> • be 18 years or over, or be married or previously married if under 18 • be normally resident in New Zealand • completely lack the capacity to make or communicate decisions about their own personal care
Property	<p>The person:</p> <ul style="list-style-type: none"> • must completely or partly lack the competence to manage their property affairs • can be of any age

 [Criteria for creating an order.PNG](#)

5.0 Identifying the option of application

- a Serious injury coordinators or case managers must be careful when identifying the option of applying for a personal or property order. The Court regards making a personal or property order for someone as a serious step.

You must understand and carefully consider the criteria for creating an order before discussing the option of an application with a client or their representative.

You must focus on the client's ability to make decisions about their personal or property affairs, not the quality of those decisions. That is, focus on whether the client can understand the nature of their decisions and foresee the consequences, not whether the client makes decisions that an average person would or would not make.

6.0 Clients with a new traumatic brain injury

- a We must wait at least three months for the new traumatic brain injury (TBI) to stabilise before identifying the option of applying for a personal or property order.

The one exception to this rule is where you have serious concerns about the client's personal welfare or property affairs, eg the client's ability to manage a lump sum that is due to be paid. In these cases you may need to identify the option of an application sooner.

7.0 Information about personal and property orders

- a The Serious injury coordinator or case manager can give the client and their representative the following information, if practicable:

- SIIS1 Personal and property orders (97K) information sheet
- The Protection of Personal and Property Rights Act 1988 booklet, available from a local Family Court.

The client or their representative can contact a local Family Court for more information about personal and property orders.

 SIIS1 Personal and property orders

8.0 Who can apply for an order?

- a ACC cannot make an application for a personal or property order. The client and their representative should contact a local Family Court for advice on making an application or who can apply.

Alternatively, a client might have appointed someone (called an attorney) to make decisions for the client, just in case the client ever became unable to make his or her own decisions, under a document called an enduring power of attorney. This gives the client more control over what happens than when someone else applies for a personal or property order after the incapacity begins.

An attorney can make minor decisions about the client's personal care on the attorney's own judgement. To make decisions about the client's property, or significant decisions about the client's personal care, the attorney needs a health practitioner (who can be a GP or a relevantly qualified specialist) or a court to certify the client's incapacity. ACC needs to see the enduring power of attorney and the certificate before dealing with the attorney on the client's behalf.

Refer to Ministry of Justice website Powers to Make Decisions for Others for descriptions of the differences between enduring powers of attorney and personal and property orders.

 Powers to Make Decisions for Others
<https://www.justice.govt.nz/family/>

9.0 Application costs

a We'll contribute towards the costs of an order application, or to bring an enduring power of attorney into effect, if both:

- the client is receiving and likely to continue to receive case management in the foreseeable future
- the client is 18 years or older.

We do not contribute towards the ongoing costs of the order.

We'll consider each request to pay costs on a case-by-case basis, regardless of whether an order is made or not.

We'll contribute towards the following costs relating to an application:

- specialist report. This includes a neuropsychological, psychiatric or geriatric report, if one has not already been obtained
- other medical report. We pay the client's medical practitioner a set rate of \$140 per hour to complete the report, or a proportion of that amount if the report is completed in less than an hour
- legal fees. These will vary depending on the work involved in making an application. A typical range is between approximately \$750 and \$3,000 but is not limited to these amounts. These amounts are based on private solicitor and Public Trust charges and are a guide only. If there is uncertainty about the legal fees, ask for a breakdown of costs.

We will not pay for:

- commission, expenses and other charges incurred by the Public Trust or Māori Trustee if they are the property manager
- ongoing expenses incurred by the client's welfare guardian, property manager or property administrator.

Always get original receipts or invoices and, if necessary, ask for a breakdown of the costs.

ACC will contribute towards the costs of a medical certificate to bring an enduring power of attorney into effect. It can also contribute to legal fees if it is necessary to apply to a court.

10.0 Payment code

a Costs related to an application should be paid under the payment code SIPPO: Legal Costs for Property and Personal Order Applications.

11.0 Renewing an order

a The Court usually sets a date on which the order will end or be renewed. We do not apply to renew an order or decision.

We'll consider contributing towards the costs of making an application to renew an order or decision, on a case-by-case basis where:

- the client is receiving ongoing entitlements such as rehabilitation or weekly compensation
- an order is required for ACC to administer the claim, ie there needs to be someone with authority to act on the client's behalf when it relates to their ongoing rehabilitation and payments.

We expect that the cost of renewing an order will be less than the initial costs because the Criteria for creating an order have already been met. You must ask the property manager to get a cost estimate before agreeing to a contribution from ACC.

Summary

Objective

Access logs, also known as footprint reports, are spreadsheets ACC generates to show each individual access by staff to a client's claim file or party record in Eos. The access log has limited information about actions relating to a claim, and includes all types of contacts such as contacts for payments, auditing, or actuarial analysis.

Access logs show the staff member's job title and department they're in at the time the report was run. There are also many roles in ACC that require legitimate access to Eos data, such as mail room staff, Government Services advisors, or data analysts. For these reasons, it's appropriate to explain why particular areas and roles need to access Eos.

Owner John Sullivan

Expert Nurul Sultan

Policy

1.0 Rules

- a Access logs, also known as footprint reports, are spreadsheets ACC generates to show each individual access by staff to a client's claim file or party record in Eos. The access log has limited information about actions relating to a claim, and includes all types of contacts such as contacts for payments, auditing, or actuarial analysis.

In the past, ACC has refused requests for access logs on the grounds that the information is trivial. However, the Privacy Commissioner has determined that this approach is incorrect. People have a right to information about themselves, which can include knowing who has accessed or amended their file.

Access logs show the staff member's job title and department they're in at the time the report was run. There are also many roles in ACC that require legitimate access to Eos data, such as mail room staff, Government Services advisors, or data analysts. For these reasons, it's appropriate to explain why particular areas and roles need to access Eos.

If a client raises concerns that a staff member may have inappropriately accessed their file, you must:

- work out why, i.e. they may have a mutual acquaintance that appears to know information relating to their claim
- advise the client that ACC will assess their specific claims and will advise them if we are able to substantiate their concerns
- advise the client that if any access of concern is found it will be addressed internally as a breach of ACC's Code of Conduct
- discuss this with your manager or the Privacy Team before arranging to request the access log through a People Consultant
- have a People Consultant inspect the access log to assess the validity of the client's concerns, and let you know the results
- work with your People Consultant to take actions regarding any inappropriate staff access
- contact the Privacy Team to discuss the appropriate response to the client.

If the client recently requested a copy of their file, explain to them they will see all meaningful access to their file by staff members. If the client has not recently received a copy of their file, suggest to them that they do so.

Summary

Objective

ACC strives to provide a high standard of customer service at all times, as required by our legislation. We must meet clients' reasonable expectations and deliver the highest practicable standards of service and fairness. The Code of ACC Claimants' Rights was established so clients understand what they can expect from ACC. Our customer service commitment includes providing a timely response to telephone calls and correspondence.

Owner Cheryl Gall

Expert Cheryl Gall

Policy

1.0 Rules

- a** The following guidelines state the agreed maximum timeframes for case and claims management staff responding to telephone calls and written correspondence:
- You must return all telephone calls within 24 hours or the equivalent of 1 working day
 - You must reply to all written correspondence within 7 days
 - You must reply to all emails within 48 hours (2 working days) of receiving them. This includes sending an interim acknowledgement if a formal written response is required. An interim response must include the timeframe in which the final response will be sent.
-

Summary

Objective

The Accident Compensation (AC) Act 2001 and the Injury Prevention, Rehabilitation, and Compensation (Ancillary Services) Regulations 2002 came into force on 1 April 2002.

Owner Tui Kailahi

Expert Deborah Doroshuk

Policy

1.0 Rules

- a We must consider all requests for ancillary services received on or after 1 April 2002 under the AC Act 2001 and the 2002 regulations.

The date of injury or date of claim lodgement is not relevant for ancillary services.

If prior approval for ancillary services was requested before 1 April 2002 and the payment rate is specified in the client's individual rehabilitation plan (IRP), the payment rate for the services covered by that prior approval is as agreed in the IRP.

If travel and accommodation took place before 1 April 2002 the payment rate is as provided for in the legislation and regulations in force at the time.

If a client was eligible for transport assistance both before and after 1 April 2002, the rate of payment may change depending on the specific type of support and how the assistance is described in the IRP.

-  Transport allowance indexation (1998 & 1992 Acts)
<http://thesauce/team-spaces/chips/treatment-rehabilitation/ancillary-services/reference/transport-allowance-indexation-1998--1992-acts/index.htm>
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Summary

Objective

Refer to this guidance to help you apply the Transitional Provisions set out in Part 11 of the Accident Compensation Act 2001.

- 1) Claims accepted under former Acts
- 2) Cover for claims lodged under former Acts
- 3) Date of lodgement
- 4) Incorrect cover decisions
- 5) Exclusions

Background

Transitional provisions:

- determine, under the Accident Compensation Act 2001, whether a person has cover for a personal injury suffered before 1 April 2002, but may involve applying a previous Act
- determine eligibility for support, for claims accepted for cover for injuries suffered before 1 April 2002.

Owner Martin Shelton

Expert Deborah Doroshuk

Policy

1.0 Claims accepted under former Acts

- a** A person continues to have cover under the Accident Compensation Act 2001 if their claim for cover was accepted before 1 April 2002.

2.0 Cover for claims lodged under former Acts

- a** Use the attached table to work out which Act to use, based on the date of injury and lodgement. In some circumstances a client may only have cover under the current Act, or if they meet the criteria, cover under previous Acts.

If the date of injury is...	and the claim was lodged...	then use the...
before 1 July 1992 and cover was not determined before 1 April 2002	before 1 October 1992	AC Act 1982
	on or after 1 October 1992 and before 1 July 1999	AC Act 1982
		Accident Rehabilitation and Compensation Insurance Act 1992
	on or after 1 July 1999	AC Act 1982
		Accident Rehabilitation and Compensation Insurance Act 1992
		Accident Insurance Act 1998
on or after 1 July 1992 and before 1 July 1999 and cover was not determined before 1 April 2002	before 1 July 1999	Accident Rehabilitation and Compensation Insurance Act 1992
on or after 1 July 1992 and before 1 April 2002 and cover was not determined before 1 April 2002	on or after 1 July 1999 and before 1 April 2002	Accident Insurance Act 1998
before 1 April 2002	on or after 1 April 2002	AC Act 2001 Act in force at the date the injury was suffered

 Which act to use.PNG

 Accident Compensation Act 1982

[https://www.westlaw.co.nz/maf/wlnz/app/document?](https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=188b2cb47e02711e08eefa443f89988a0&isTocNav=true&tocDs=AUNZ_NZ_LEGCOMM_TOC&startChunk=1&endChunk=1)

[docguid=188b2cb47e02711e08eefa443f89988a0&isTocNav=true&tocDs=AUNZ_NZ_LEGCOMM_TOC&startChunk=1&endChunk=1](https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=188b2cb47e02711e08eefa443f89988a0&isTocNav=true&tocDs=AUNZ_NZ_LEGCOMM_TOC&startChunk=1&endChunk=1)

 Accident Rehabilitation and Compensation Insurance Act 1992

[https://www.westlaw.co.nz/maf/wlnz/app/document?](https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=1a1048b58e02711e08eefa443f89988a0&isTocNav=true)

[docguid=1a1048b58e02711e08eefa443f89988a0&isTocNav=true](https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=1a1048b58e02711e08eefa443f89988a0&isTocNav=true)

 Accident Insurance Act 1998

[https://www.westlaw.co.nz/maf/wlnz/app/document?](https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=1bad19b9ce02e11e08eefa443f89988a0&isTocNav=true)

[docguid=1bad19b9ce02e11e08eefa443f89988a0&isTocNav=true](https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=1bad19b9ce02e11e08eefa443f89988a0&isTocNav=true)

 Accident Compensation Act 2001

<http://legislation.govt.nz/act/public/2001/0049/153.0/DLM99494.html>

- b** If a claim for cover under a former Act is not lodged until on or after 1 April 2002, it will need to be considered under both the 2001 Act and the relevant Act that was in force when the personal injury occurred. See section 360 of the Accident Compensation Act 2001.

 Accident Compensation Act 2001, section 360

<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104164.html>

3.0 Date of lodgement

- a** When determining the date of lodgement of a claim we do not need to have paid for the treatment or even formally accepted the claim, but the client's condition should have been medically diagnosed and the injury defined by ACC as a personal injury caused by an accident.
- b** In the case of sensitive claims, the date of lodgement includes any record or receipt of counselling costs relating to that injury, provided the treatment meets our requirements. See attached for further information.

If date of injury is...	then the date of lodgement will be...
before 1 July 1992	<p>the earliest of these dates:</p> <ul style="list-style-type: none"> • the date a claim is registered in Pathway, IIS or the Medical Fees Processing (MFP) computer system • the date recorded in the interim medical fees system (from 1 December 1989 to the introduction of the MFP system) • the date recorded on a receipt as proof of consultation for medical treatment for PICBA before 1 December 1989
on or after 1 July 1992	the date the claim was received by ACC

 Date of lodgement further info.PNG

4.0 Incorrect cover decisions

- a** If we accepted a claim for cover under a former Act, and it was determined on or after 1 April 2002 that the decision to accept the claim was incorrect under the previous legislation, then the decision can be revised and the personal injury is no longer deemed to have cover under the Accident Compensation Act 2001.

5.0 Exclusions

- a** Gradual process injury before 1 April 1974

A client does not have cover for a personal injury caused by a work-related gradual process disease or infection (WRGPDI) if they:

- suffered the personal injury because, before 1 April 1974, they performed a task or worked in an environment in the circumstances described in the Accident Compensation Act 2001, section 30(2)
- died before 1 July 1992.

See Work-related gradual process, disease or infection.

 Work-related gradual process, disease or infection
<https://go.promapp.com/accnz/Process/10f12b7d-cffc-4618-aa9f-a455d2d82984>

- b** Treatment injury

See Cover criteria for treatment injury.

 Cover criteria for treatment injury
<http://thesauce/team-spaces/chips/cover/cover-decision/policy/treatment-injury-criteria-187/treatment-injury-cover/index.htm>

- c** Medical misadventure claims

These are claims for injury arising from treatment that were lodged before 1 July 2005. See Cover criteria for medical misadventure.

 Cover criteria for medical misadventure
<https://go.promapp.com/accnz/Process/657ef861-5438-4316-b2ae-56e0ca8abef5>

- d** Work-related mental injury

(content currently under review)

- e** Late lodgement

Late lodgements are claims lodged with ACC more than 12 months after the accident causing injury or death. See attached for further details.

If the date of late lodgement is...	then the Act that applies is the...
after 1 April 2002	AC Act 2001, Section 53
between 1 July 1999 and 31 March 2002	Accident Insurance Act 1998, Section 61
between 1 July 1992 and 30 June 1999	Accident Rehabilitation and Compensation Insurance Act 1992, Section 63
before 1 July 1992, lodged before 1 October 1992	AC Act 1982, Section 98

 Late lodgement - which act..PNG

Summary

Objective

ACC and its agents have a legislative responsibility to provide the highest practicable standard of service and fairness to clients. In order to fulfil our responsibilities, especially about our service, communication and behaviour you must understand your obligations and responsibilities under the Code of ACC Claimants' Rights.

See also Rules for managing complaints and Responsibility for managing complaints.

Owner Luanne Razak

Expert Lucy McKimm

Policy

1.0 Applying the Code of ACC Claimants' rights

- a When dealing with clients ACC must fulfil its obligations in the Code of ACC Claimants' Rights (the Code).

Accredited employers and agents of ACC are subject to the Code and must provide the highest practicable standard of service and fairness.

2.0 The Rights

- a The Injury, Prevention, Rehabilitation, and Compensation (Code of ACC Claimants' Rights) Notice 2002 specifies eight rights.

Clients have:

- the right to be treated with dignity and respect
- the right to be treated fairly and have their views considered
- the right to have their cultures, value and beliefs respected
- the right to a support person or persons
- the right to effective communication
- the right to be fully informed
- the right to have their privacy respected
- the right to complain.

See Behaviours to uphold the Code of ACC Claimants' Rights for a more in-depth guide to each right and staff obligations.

 Behaviours to uphold the Code of ACC Claimants Rights

3.0 ACC philosophy

- a You must comply with ACC's philosophy for dealing with client problems, concerns or complaints. This philosophy supports the Code.

When a client raises a concern or complaint, you must:

- take the concern or complaint seriously
- commit to settling it in a fair, open and respectful manner
- resolve it as quickly as possible
- treat the client with courtesy
- keep the client informed at all stages
- take responsibility for working with the client until the issues are settled.

You must not discriminate against a client because they have raised a concern or complaint. Clients who raise a concern or file a complaint must not be disadvantaged in any way.

Whenever possible, we should learn from feedback or complaints and find new ways of working if recurring issues or themes are identified.

4.0 The purpose of the Code

- a The purpose of the Code of ACC Claimants' Rights is to meet clients' reasonable expectations about how ACC should deal with them. The Code provides a framework that enables us to deliver a high standard of service and fairness to clients. The Code achieves these objectives by conferring rights on clients and imposing obligations on ACC.
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5.0 The spirit of the Code

- a The Code encourages positive relationships between ACC and clients. For ACC to assist clients, a partnership based on mutual trust, respect, understanding and participation is critical. Clients and ACC need to work together, especially in the rehabilitation process. The Code is about how ACC will work with clients to make sure they receive the highest practicable standard of service and fairness.
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6.0 Exceptions

- a The ACC Code of Claimants' Rights does not apply to:

- dealings with clients before 1 February 2003
- disputes about cover and entitlements, including treatment and compensation, which are addressed through the independent review and appeal processes
- the provision of treatment services. Treatment services are covered by the Code of Health and Disability Services Consumers' Rights
- treatment and disability services purchased by ACC. Services purchased by ACC are covered by the Health and Disability Sector Standards and the Health and Disability Services (Safety) Act 2001
- employee performance issues
- a person who is not a claimant, or who does not have an actively managed claim

The client has the right to review a decision made about their complaint under the Code of ACC Claimants' Rights. However, AC Act 2001, Section 149(3) prohibits any further appeal to the District Court against that review decision.

Customer Resolution can investigate matters that do not fall within the scope of the Code. In these cases we will issue a written outcome which will not have review rights. However, if the client is dissatisfied with how we have handled their feedback they can raise a further complaint with the Office of the Ombudsman.



Resolution Services

<http://thesauce/about-acc/groups/operations-group/operations-services/resolution-services/index.htm>
