



## Summary

### Objective

When providing personal information to a client, client advocate, client lawyer, provider, supplier or employer, you must take care to protect individual privacy at all times. See also Responding to a request for official or personal information.

Owner

[Out of Scope]

Expert

## Policy

### 1.0 Rules

- a You must check all incoming client documentation to ensure the information relates to the client and does not contain inappropriate or non-injury related information.

You must complete a content and privacy check before disclosing any personal information, even if we initiated the disclosure. A content check ensures we only give the information that was requested and is relevant. A privacy check ensures we only give information about the client who is requesting it.

You must also include an appropriate covering letter when providing requested information.

If sending information via email to an external email address make sure the email address has been verified in Eos first.

### 2.0 Privacy checking client information

- a Before you provide a copy of a client's personal information or file you must complete a privacy check to ensure that no other person's information is included.

The case owner or Client Information Requests team (CIR) is responsible for privacy checking full client copy files that they prepare.

For anything other than a minor enclosure you must add a 'Contact' in Eos noting that documents have been privacy checked prior to disclosure.

In particular, you must ensure:

- the recipient's name and address is correct and, if appropriate, check the 'Verification and 'Valid Address' statuses
- information about people other than the client is removed
- any information that may negatively affect the client's physical or mental health is discussed with their medical practitioner (e.g. GP or Psychiatrist) prior to release. If the medical practitioner agrees it may be harmful, we can withhold that information
- any information you send to a supplier is fit for purpose. Only provide what is required, particularly in respect to non-injury conditions.

Before you do the privacy check, clear your work area. If possible, use the dedicated privacy desk in your unit or an available empty desk.

### 3.0 Printing client information

- a Only print documents for one client at a time, unless you're batch printing and processing a bulk mailing of a standard letter. Make sure the number of letters matches the number of envelopes.

When you print client information you must:

- always use secure print or user box functionality to print enclosures
- always fasten documents using staples, not paper clips. When printing a multiple page letter use the Multi-functional Device (MFD) staple functionality, if available
- avoid using mail merge
- not put post-it notes on letters.

### 4.0 Enclosure types

- a There are two types of enclosure, substantial and minor.

A substantial enclosure generally contains varied and potentially sensitive health information or multiple documents.

#### NOTE Examples

- independence allowance report
- vocational independence report
- home and community support assessment report
- medical case review report
- complex social rehabilitation assessment
- lump sum independence allowance (LSIA) assessment

- b A minor enclosure is routine correspondence or one or two short documents.

#### NOTE Examples

- a 1 or 2 page letter, eg a letter approving home help
- a letter with a form or information sheet included
- a short report with limited medical information in it, eg a report about a simple injury such as a broken ankle that does not refer to pain issues or other medical conditions
- reimbursement claim forms

### 5.0 When to use the ACC6173 Information disclosure checklist

- a Full or partial copy file

If you're providing a full copy file or partial copy file you must complete an ACC6173 information disclosure checklist when you do the privacy check.

## b Substantial enclosure


If you're providing a substantial enclosure completing an ACC6173 information disclosure checklist is optional. You may still find it useful to follow the checklist to make sure you don't miss anything.

## c Minor enclosure

If you're providing a minor enclosure completing an ACC6173 information disclosure checklist is optional. But you must make sure that:

- the recipient's name and address is correct and, if appropriate, check the 'Verification and 'Valid Address' statuses
- information about people other than the client is removed
- any information that may negatively affect the client's physical or mental health is discussed with their medical practitioner (e.g. GP or Psychiatrist) prior to release. If the medical practitioner agrees it may be harmful, we can withhold that information
- any information you send to a supplier is fit for purpose. Only provide what is required, particularly in respect to non-injury conditions.

any information you send to a supplier is fit for purpose. Only provide what is required.

 ACC6173 Information Disclosure Checklist

## 6.0 Client addresses

- a** You must check the 'Verification' and 'Valid Address' statuses of the client or authorised representative's physical address, and either verify or reverify by telephone or in person as needed.

Verify their address on first contact, and then either:

- at regular intervals
- before you provide any information by email, post or courier.

Only use a window envelope or labelope to display the address and make sure only the name and address are visible.

Always print the address from Eos using the CLI05 Address label and make sure Eos is set to default to the postal address.

## 7.0 Changes to a client's residential or mailing address

- a** Changes to a client's residential or mailing address must be requested by either:


- the client
- someone with authority to act on behalf of the client. There must be a signed ACC5937 Authority to act form on the client's file.


We'll accept written notification of a change of address by letter, on a signed ACC form such as an ACC250, or on an ACC210 Change of bank account or address form. We will also accept a scanned copy by email. See Communication using email.


We'll accept verbal notification of a change of address from the client, after they confirm their identity by providing the attached information.

## ACC5937 Authority to act - Client

| The client must supply their...  | and either...  |
|--|--|
| <ul style="list-style-type: none"><li>• full name, including middle names or any aliases</li><li>• date of birth</li><li>• full address, including suburb, town or city</li><li>• home or mobile phone numbers</li></ul> | <ul style="list-style-type: none"><li>• the date of the accident</li><li>• the type of injury sustained</li><li>• how the injury was caused</li><li>• their ACC number or ACC45 number</li></ul> |

 Changes to a client's residential or postal address.PNG

 ACC210 Change of bank account or address

 Communication using email (Clients)  
<https://au.promapp.com/accnz/Process/45278637-26>

- b** Any time the client provides information that we can verify in Eos, make sure that you check the 'Verification' status and verify or re-verify as appropriate.

- c** A current Home address in Eos should always be a residential address.

## 8.0 Temporary client addresses

- a** If the client has a temporary physical address, the client must specifically confirm that the temporary address is appropriate for ACC to send documents to. If they do, in Eos add the temporary address as the home address. Task to remember to update Eos once the client returns to their normal mailing address.

If the client does not request for mail to be sent to their temporary address, then do not change their home address to the temporary address. The client must collect the information from an ACC office.


You may send blank forms to a temporary address. They must not contain any client details.

## 9.0 Alternative address

- a** An alternative address should only be used as a mailing address IF the current home address does not receive mail.

For example,

- where the client uses a PO box instead of receiving mail to their home address
- where the client is deceased, we should keep the address as their last physical address and load the details of their representative as the alternative address.

 Add or edit alternative address

## 10.0 Client email addresses

- a** Ensure you:

- only use a verified client email address in Eos
- create emails and attach documents from within Eos
- complete a privacy check
- have disabled auto population of email addresses in Outlook

The "ACC Privacy Check" tool will also support a targeted second check for emails sent externally which include any attachments, or client or customer identifiers.


## 11.0 Provider and supplier addresses

**a** If you're an Eos user you must use Eos when checking provider and vendor addresses. See Searching for provider or vendor addresses in Eos. Make sure you compare the provider or vendor's contact details with those in Eos. If they need updating you must:

- ask them to email you their new contact details
- email the new details to the Provider/Vendor Registrations (PVR) team at Registrations@acc.co.nz and put 'Change contact details' in the subject line.

Or, the provider or vendor may email the PVR team with a copy to you. Physical and email addresses, phone and fax numbers are automatically updated in Eos from the Medical Fees Processing (MFP) system.

See also Communication using email.

 Communication using email (clients)  
<https://au.promapp.com/accnz/Process/45278637-26>

### **NOTE** What if a vendor/provider is no longer involved in a claim?

Once a vendor or provider is no longer actively involved in the claim, remove them from the participants list. This reduces the chance of incorrectly selecting them and appropriately disclosing information later on

 Manage Participants

## 12.0 Delivery options for clients, client advocates, client lawyers

**a** If a client, their advocate, or their lawyer requests a copy of the client's file, we prefer to provide an electronic copy on a password protected CD or USB. You may send the CD or USB by post with an appropriate covering letter. See Responding to a request for official or personal information.

If they want a printed copy we prefer that they collect it from us. We do this to ensure their information is secure and only accessed by authorised people.

Only consider sending personal information by courier if specifically requested. See 18.0 'When to send client information by courier' below.


 Complete Client Information request

## 13.0 Exception – Clients in prison

**a** If a client is in prison and they don't have an advocate, we can only provide them with a printed copy of their file. Clients in prison generally don't have access to computers. You must send them an INP12 Personal info request - provide info - clients in prison letter, which includes suitable wording for clients in prison about the risks of using a courier. Do not use the ACC6181 information sheet.

Please note that in most cases we'll need to write to a client in prison as we'll be unable to contact them by telephone. However, if you're able to phone a client who's in prison, you can record their preferred delivery method as a Contact in Eos. Do not release the information until you receive the client's instructions.

If the client has not nominated a lawyer or advocate for us to send the information to, you must contact the client when their information is ready to advise that we will prepare a paper copy to be couriered to the prison. The client will need to be made aware that prison staff check all incoming packages, which may include their package.

 Preparing client information in a CIT

## 14.0 Information for reviews and appeals

**a** If a full or partial copy file is required for a review or appeal, or a transcript of a review hearing, you may:

- ask the recipient to collect it from an ACC office
- send it to them by post on a password protected CD or USB
- send it to them by email within a password protected PDF if the file is small. This is not recommended for large files that need more than one email
- deliver it in person to the client if appropriate, after completing an identity check (eg. as part of a scheduled outreach visit).

Only send the information by courier if this is specifically requested. See 18.0 'When to send client information by courier' below.


Do not use post (if printed) to provide full or partial copy files, review transcripts or relevant documents that relate to a review or appeal.

## 15.0 Collecting from an ACC office

**a** A requestor may collect their information or file from an ACC office:

- If the information is prepared at a different office, you must courier it to the appropriate ACC branch or unit to be collected. Double envelope the information before you place it in the courier bag
- You must check the person's authorisation and identification before handing over the information. Complete the ACC6179 form and upload to the claim)

For more information see Responding to a request for official or personal information.





 Complete Client Information request

## 16.0 Sending information by email

**a** If using email to send or receive client information ensure you:

- remember the "one email, one client" rule. Each email you send, with or without attachments, must only refer to a single client or recipient
- send your email and attachments to a verified email address
- complete a privacy check
- check all email threads and delete any information that is not relevant to the client
- ask another staff member to double check attachments if you have any doubts about sending the information
- never use a Multi-Functional Device (MFD) to send documents outside of ACC
- use the "ACC Privacy Check" email notification to check all attachments before sending your email.

When sending a verification email from Eos, remove the party name from the 'Subject' field and replace it with "Please confirm your email address"

-  The easy guide to email and messaging (ACC Sharepoint)
-  Communication using email (clients)  
<https://au.promapp.com/accnz/Process/45278637-26>
-  Risks associated with email communication (client)  
<https://au.promapp.com/accnz/Process/Minimode/Per>
-  What to include in emails to clients, providers and employers  
<https://au.promapp.com/accnz/Process/Minimode/Per>

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## 17.0 When to send client information by post

**a** You can use post to send client information if it's a minor enclosure or it's on a password protected CD.

You can send substantial enclosures by post, however, you must:

- obtain the client's agreement for it to be posted, especially if it contains sensitive personal information
- record this agreement in Eos and make the client aware of the nature of the material in the enclosure
- check with the client before sending each enclosure.

If the client has any concerns about the material being posted then you must use an alternative delivery method, such as a courier.

You must carefully check the items that you place in the envelope to make sure:

- they relate to the right client, the right claim(s) and the right request
- multi-page items are stapled and there are no missing pages or extra pages attached.

Ensure the envelope is securely sealed before sending.

### **NOTE** Envelope peer checks

If you're sending more than one page, the Privacy Team highly recommend getting a colleague to check your letter before the envelope is sealed. This involves taking the documents out of the envelope and checking that they relate to the right client and are supposed to be included. Many privacy breaches have been prevented by a peer check!

## 18.0 When to send client information by courier



**a** You may only use a courier to provide information to a client, client advocate or client lawyer if you have the client's consent to use courier.

- You must reconfirm consent separately for each information request
- The client must specifically request delivery by courier
- You must let them know the risks of sending their information by courier. See the ACC6181 Receiving personal information by courier information sheet

Before providing any information by courier you must:


- check the recipient's address including, if appropriate, the 'Verification' and 'Valid Address' statuses and the recipient's authority to receive the information
- place the information in a clearly addressed envelope or package before you put it in the courier bag.

For more details see Responding to a request for official or personal information.

-  ACC6181 Receiving personal information by courier
-  Complete Client Information request

### **NOTE** Exception

If the client is in prison, you must send them an INP12 Personal info request - provide info - clients in prison letter, which includes suitable wording for clients in prison about the risks of using a courier. Do not use the ACC6181 information sheet.

-  INP12 Personal info request - provide info - clients in prison

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## 19.0 Clients that live overseas

**a** You may send personal information to a client if they live overseas.

You may only send client information to their advocate, insurer, representative or employer if you have the client's consent and the requestor has authority to act on behalf of the client. See the Privacy Act 2020, Principle 6, Subclause (1)(b).

The staff member preparing the password protected CD, eg case owner, is responsible for sending the disk overseas.

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## 20.0 Delivery options for suppliers, providers, GPs and employers

**a** You may send documents by courier if requested by a supplier, provider, General Practitioner (GP) or employer. You must request a signature on delivery.

Only include information about one client in a package or envelope and make sure the package is clearly addressed before you place it in the courier bag.

If you need to send information about multiple clients, use a separate courier bag for each client. This applies to both printed information and password protected CDs.

## 21.0 What to do when client information is returned to us

- a When someone returns client information to us, eg personal information that has been included with a referral to a provider or a copy file returned from a Review Hearing or Appeal, you must create a 'Contact' in Eos to record what's been received before you place the documents in the document destruction bin.

Create the 'Contact' at Claim level. If multiple claims are involved, create it at Party level.

Make sure you include:

- as much detail as possible about what was received, eg "Medical Case Review copy medical notes", "Appeal copy file" etc, and how it was received, eg sealed envelope, attached to provider report etc
- what you did with the documents, eg placed in secure document destruction bin, uploaded to claim file record etc, and any other relevant information.



## Summary

### Objective

For more information about care indicator clients go to Care indicated clients.

### Owner

[Out of Scope]

### Expert

## Policy

### 1.0 Reasons for disclosure

- a** The Health and Safety at Work Act 2015 recognises that an organisation can influence the health and safety of people working for another agency, such as contracted providers. Therefore, you must consider whether information contained in a care indicator should be disclosed to third parties.

You can disclose care indicator information to assist third parties, such as suppliers/providers, FairWay Resolution Ltd, and other government agencies to allow them to:

- perform their role as part of managing the claim eg. undertake an assessment, and/ or
- enable them to mitigate any health and safety risk.

### 2.0 When to disclose

- a** You must disclose care indicator information when you:

- refer a care indicated client to a provider
- become aware that a client has self-referred to a provider, eg. they visit a new GP or physiotherapist
- receive new information about client risk and there are third parties already providing services to a client.

#### **NOTE** What reason can I give that allows me to disclose

Principle 11 of the Privacy Act allows for disclosure when there is reasonable grounds to believe that disclosure is necessary to prevent or lessen a serious threat to public safety or the life or health of another individual

#### **NOTE** What if the care indicator is not active and appears greyed out?

Inactive care indicator Information can NOT be disclosed to third parties.

### 3.0 Considering what information to disclose

- a** You can disclose information when it is necessary for health and safety purposes, and in proportion to the situation. This means in some situations, limited disclosure of the risks will be adequate. However, in other circumstances the risk identified may warrant detailed disclosure.

To assess this you must consider:

1. Whether the care indicator information is relevant for the third party, eg.

- if the information concerns a known reaction to a particular clinical intervention, this information may only be relevant for a provider who will undertake that clinical intervention.

2. Whether alternative options will mitigate risk without disclosure, eg.

- if a client has a history of repeated sexist language and behaviour, a referral to a provider of a particular gender may mitigate this risk without the need for disclosure.

3. The nature of the care indicator information, ie. the client's particular behaviours and when they occurred: eg.

- previous violent behaviour would likely present a greater health and safety risk than abusive language

- recent behaviour may be more relevant than behaviour that occurred over a year ago.

4. The type of third party affected, including the type of service they provide and their relationship with ACC, eg:

- a client's behaviour may present a lower health and safety risk than abusive language, or

- a provider conducting an assessment that could affect ongoing entitlements may have a higher health and safety risk than a provider the client has referred themselves to for treatment.

5. The requirement for ACC to provide a security guard when requested the provider.

### 4.0 Deciding on disclosure

- a** For disclosure to service providers, determine that disclosure is necessary for health and safety purposes and proportionate to the situation (see Considering the level of information to disclose). Where you have concerns around a decision, these should be escalated to your Team Leader.

For disclosure to non-claim related third parties, the team leader/site lead can determine whether to disclose information. For urgent disclosures ie. when ACC is informed that a client is about to visit a third party's office, the leader should disclose to the third party, then inform ACC's Health, Safety and Wellbeing, and Privacy teams.

When disclosure does not need to occur immediately, the leader should first consult with these teams.

## 5.0 How to send Care Indicator information to third parties

**a** The staff member dealing with a care Indicated client referral must advise Service Providers in writing using the template provided, either:

- prior to the provider's initial contact with the client, or
- as soon as possible when ACC receives new information about client risk, and the third party is already providing services to the client.

Complete and send the following template to the third party, in writing on referral, or by email.

### **NOTE** Email template

Dear [insert name],

As a partner of ACC, we will disclose information to enable you to assess your safety when carrying out work on our behalf. This includes client care indicated information which is necessary for your health and safety purposes.

We will supply a security guard on request for any appointment where you believe the client is a threat to yourself or others at you site.

This client had a Care Indicator placed on their file [insert year].The Care Indicator relates to an incident involving [insert incident or behaviour details].

If you need any more information or support in dealing with this client please contact me on the details below.

Thank you,

[Insert name and contact details]

**b** Note: If not documented in the referral, a record of this advice is to be added as a contact at party level in Eos using the 'Claimant care notes' option.


 Add a contact - EOS

## 6.0 Security guards for care indicated client appointments

**a** If the Service Provider requests a security guard because of concern about their own personal safety, or that of their staff, the request should be tasked to client administration.

See Ordering security for staff and provider safety.

For non-claim related third parties, the Client service leader should inform the relevant third party as soon as practicable with all the necessary information so that the third party can make a fully informed decision to ensure their safety.

 Order a security guard

## 7.0 What should you do if a third party provider advises you of an incident involving an ACC client?

**a** If a third party provider advises you of a health and safety risk or incident involving an ACC client, please ask the provider to fill out a third party incident report available on our external website.

Please also notify your manager of the incident and follow the procedures set out in Assessing a client's risk level.

 Third party report  
[https://forms.acc.co.nz/INCIDENT\\_REPORTING/index](https://forms.acc.co.nz/INCIDENT_REPORTING/index)

## Summary

### Objective

Medical Case Reviews (MCRs) and Medical Single Discipline Assessments (Medical SDAs) are initiated by ACC and are used to determine diagnosis, causation, and/or treatment and rehabilitation recommendations.


### Owner

[Out of Scope]

### Expert

## Procedure

### 1.0 Overview

 Arrange Medical Case Review Assessment Process Page  
<https://go.promapp.com/accnz/Process/7a6beb10-efc>

- a** Medical Case Reviews (MCR's) and Medical Single Discipline Assessments (Medical SDA's) are medical assessments initiated by ACC and are used to seek an opinion from a non-treating medical specialist.
  - An MCR can be used to help determine cover and ongoing eligibility and support
  - A Medical SDA is used to obtain recommendations for the best onward treatment or rehabilitation

- b** The provider completing an MCR or Medical SDA is able to order tests or investigations if this is necessary for them to be able to come to an opinion. They can also make recommendations for tests or investigations.

 Medical Assessment Quick Ref Guide\_updated.pdf

### 2.0 Who provides this service?

- a** The provider must be a non-treating practitioner who is a medical specialist.
- b** Wherever possible, MCRs and Medical SDAs should be purchased under the Clinical Services contract.
- c** If there are no suitable specialists available under the Clinical Services contract, you can use a non-contracted medical specialist to provide the service.

### 3.0 Referrals into the service

- a** Referrals for MCR's and Medical SDA's may only be made by ACC.
- b** The provider may decline a referral if:
  - they cannot meet the contractual timeframes
  - they do not have an appropriate medical specialist available in relation to the injury
  - they consider that the referral is more appropriately managed under the Vocational Medical Services contract because:
    - a) it includes consideration of a client's employment as a major factor of the assessments
    - b) an assessment by an occupational medicine specialist or work restrictions, limitations for work, the ability to engage in employment or the ability to participate in vocational rehabilitation is required
- c** The provider must notify ACC if the referral is declined.

### NOTE Telehealth

MCR's and Medical SDA's have been enabled for telehealth where these are clinically appropriate. and follow the Medical Council of NZ guidelines . The client must consent and the providers report must include the following declaration:

I have undertaken this assessment via telehealth with the consent of <insert client's/patient's name>. The telehealth assessment has allowed me to produce the findings in this report. In my view an in-person assessment is not required, and I was able to make my findings without one.

 Medical Council of NZ guidelines on providing telehealth  
<https://www.mcnz.org.nz/assets/standards/c1a69ec6f>

### 4.0 Medical Case Reviews

- a** An MCR is used to help determine cover and ongoing entitlements. MCR's are initiated by ACC and are used to obtain clarity about diagnosis/es and assessment of causation together with recommendations for further investigations, treatment or rehabilitation. MCR's can be purchased as either Standard or Complex, taking into account the complexity of the Client's presentation. MCR's must only be sought from a non-treating medical specialist.
- b** ACC Staff must seek internal clinical advice before referring for an MCR.
- c** Standard Medical Case Reviews (CSM1)
  - Expected to take up to 3.5 hours
- d** Complex Medical Case Reviews (CSM2)
  - Expected to take more than 3.5 hours and less than 7.5 hours
  - The Client's injury is of unusual complexity or there are co-morbidities that appear to be affecting the Client's recovery from injury or
  - The MCR will be undertaken in two parts whilst results of investigations are obtained

### 5.0 Medical Single Discipline Assessments


- a** A Medical SDA is used to obtain recommendations for the best onward treatment or rehabilitation. These assessments are initiated by ACC and cannot be used to determine cover and ongoing entitlements. Medical SDAs must only be sought from a non-treating medical specialist.
- b** Standard Medical SDA (CSA1)
  - Expected to take up to 2.5 hours
- c** Complex Medical SDA (CSA2)
  - Expected to take more than 2.5 hours and less than 4.5 hours
  - The Client's injury is of unusual complexity or there are co-morbidities that appear to be affecting the Client's recovery from injury or
  - The Medical SDA will be undertaken in two parts whilst results of investigations are obtained



## 6.0 Exceptional MCR and SDA's

- a** In rare cases, the client may be exceptionally complex and exceed the cost available under complex assessments. ACC may then request the provider to undertake an Exceptional MCR or Medical SDA.
- b** Exceptional MCRs and Medical SDAs have to be approved by the Secondary and Tertiary Portfolio team via [elective.services@acc.co.nz](mailto:elective.services@acc.co.nz). Enter 'Approval for Exceptional MCR/MDSA' in the subject line.
- c** The attached table shows the expected assessment durations.

 Assessment Duration.png

- b** Providers are required to provide a report to ACC within eight business days of the clinical examination.
- c** For the reporting requirements for Medical Case Reviews and Medical Single Discipline Assessments please refer to the Clinical Services Operational Guidelines
  -  Clinical Services Operational Guidelines

## 7.0 Non-Contracted Purchasing

- a** If a medical specialist opinion is needed and there is no suitable specialist available under the Clinical Services contract, you can use a non-contracted medical specialist to provide the service. They must be a non-treating medical specialist.
- b** Non-contracted purchasing is done via a letter of agreement (LOA).
  - Pricing for non-contracted MCRs and MSDAs should be the same as the equivalent contracted rate eg. we would expect the same rate for a non-contracted standard MCR (MCR11) as you would pay for a contracted standard MCR (CSM1).
  - If you are considering an hourly-rate code or a fixed fee under such a code, a rate of between \$500 and \$600 per hour + GST is suitable for a Vocationally Registered Physician. The price should be agreed before the client is formally referred, although the specialist may request a notes review prior to proposing a fee.
- c** If you frequently need to use the same non-contracted specialist encourage them to apply for the Clinical Services contract or become a 'Named Provider' on an existing Clinical Services contract. Contact your local Engagement and Performance manager if you need more information about this.

## 8.0 Disbursements

- a** If you need to purchase travel, accommodation or clinic rooms for MCRs or Medical SDAs done outside of the region in which the specialist provider resides, you may use the following non-contracted travel, accommodation and clinic codes as there are no provisions in the Clinical Services contract for these expenses.
- b** For contracted MCR/SDA:
  - ACCOM1 - Accommodation for Medical Assessor (paid at cost)
  - TRAVA1 - Air travel for Medical Assessor (paid at cost)
  - TRAVD1 - Travel distance (distance travelled)
  - TRAVR1 - Hire of rooms for consultation or assessment (paid at cost)
  - TRAVT3 - Travel time (agreed hourly rate)
- c** For non-contracted MCR/SDA (purchased via Letter of Agreement):
  - MCRD (travel, accommodation or room hire paid at cost)

## 9.0 Timeframes and Reporting Requirements

- a** Clinical examination must be completed within eight business days of receiving a referral, unless otherwise agreed with ACC.

## 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

[Out of Scope]

Expert

## 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 2020  
<https://www.westlaw.co.nz/maf/wlnz/app/document?tc>
-  Health Information Privacy Code 1994.  
<https://privacy.org.nz/forums-and-seminars/health-inf>

### 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 VIIS01 Getting ready to work again after an injury information sheet to provide the client with information about their rights and responsibilities for their vocational rehabilitation.

 VIIS01 Vocational Independence Factsheet

- b Use the guidelines below for when and how to inform clients of their general rights and responsibilities.

 NG GUIDELINES Client Legislative Rights and Responsibilities

 ACC165 Declaration of rights and responsibilities

### 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 Recovery Plan
- 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 agree to their Recovery Plan. 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 Recovery Plan.

## 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 a Recovery Plan
- 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.

## 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 etc
- ensure we spell and pronounce their names correctly
- ensure that any information exchanged has been clearly understood by all parties involved.


## 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.hdc.org.nz/your-rights/about-the-code/co>

## 17.0 Guidelines for privacy issues

**a** The Privacy Act 2020 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 2020  
<https://www.westlaw.co.nz/maf/wlnz/app/document?tc>

## 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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OFFICIAL INFORMATION ACT

## Summary

### Objective

It is ACC's responsibility to choose an appropriate provider for a client who is referred for the following:

- medical specialist assessments
- social rehabilitation assessments
- vocational rehabilitation: initial occupational and medical assessments
- vocational independence: occupational and medical assessments.

These assessments help determine cover or entitlements.

AC Act 2001, Section 72(1)(d) states that clients have a responsibility to undergo assessments conducted by a registered health professional specified by ACC.

Owner

[Out of Scope]

Expert

## Policy


### 1.0 Client selection not limited for other services


- a** The guidelines governing other areas of client choice are broader and allow the client greater flexibility to choose their own provider in the following areas:

- treatment that a client receives from a health provider, such as a General Practitioner, physiotherapist, acupuncturist, etc
- home-based care, such as home help, attendant care, etc
- audiologists who are required to fit hearing aids
- counselling.

### 2.0 Considering client preferences

- a** Always remember ACC's obligations under the Code of ACC Claimants' Rights and Claims (the ACC Code). Refer to Working with the Code of ACC Claimants' Rights Policy.

 Working with the Code of ACC Claimants' Rights Policy

 Part 3 Code of ACC Claimants' Rights, and claims <https://www.legislation.govt.nz/act/public/2001/0049/l/>

### 3.0 Clients may prefer a particular provider

- a** These are based on:

- their values
- their personal circumstances
- their culture
- the nature of the assessment itself

- b** These preferences should be accommodated where possible. For example:

- a female client with a medical misadventure birthing injury may wish to be assessed by a female specialist
- Māori or Pacific peoples may wish to be assessed by a Māori or Pacific provider.

### 4.0 If a client objects to the provider we have chosen

- a** If a client has concerns about the provider they've been referred to, but does not nominate another provider, then we must offer the client a choice of at least two alternative providers, if there are two available, and give the client five days to select one of the alternative providers.

If the client does not respond with their choice of provider within the five-day timeframe, we will continue to use the provider initially selected.

If the client nominates their own provider we must objectively consider the request. See attached table.

| If...  | then...                               |
|--|---------------------------------------|
| there will be more than a four week delay in getting an appointment with the client's preferred provider and this delay would impede the client's rehabilitation               | we must decline the client's request  |
| the client's nominated IMA or VIMA provider is not currently contracted to ACC   |                                       |
| the client's nominated provider does not hold qualifications that meet the legislative requirements, however note we can invite the nominated provider to apply for a contract |                                       |
| the client needs a specialised assessment and their nominated provider does not cover that scope of practice   |                                       |
| none of the above apply  | we must agree to the client's request |



Client object to provider.PNG



Contracted Suppliers by Geographic Area of Coverage

### 5.0 When a client will not comply with our choice of provider

- a** If, after the considerations above have been taken into account, we are unable to reach agreement with the client then we may consider whether to decline the client's entitlement as a last resort. See Decline entitlement when client is non-compliant .

You must document all considerations and actions in detail.



Decline Entitlement When Client is Non-compliant Policy

### 6.0 Consider alternatives when a lack of provider may cause an unreasonable delay


- a** AC Act 2001, Section 54 requires ACC to make decisions in a timely manner. If there are difficulties finding an appropriate provider within the client's locality, then consider:

- transporting the client to a location or city where there is a greater number of available providers
- fully investigating appropriate providers who will travel to the client.



**b** Before asking a provider to travel to a client's location, consider:

- any cultural or other specific requirements the client has, eg disability, language requirements, etc
- the provider's skills and competencies relevant to the client's particular needs.

 AC Act 2001, Section 54  
<https://www.legislation.govt.nz/act/public/2001/0049/l/>

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This legislation is administered by the Office of the Privacy Commissioner. For more information please see:

Website: <https://privacy.org.nz>

Contact phone: 0800 803 909

Contact address: PO Box 10094, Wellington 6143

## Health Information Privacy Code 2020

This Code of Practice is made under section 32 of the Privacy Act 2020 by the Privacy Commissioner

I, JOHN EDWARDS, Privacy Commissioner, having given notice in accordance with section 33(3) of the Privacy Act 2020 of my intention to issue a code of practice and having satisfied the requirements of the subsection, now issue under section 32 of the Act the Health Information Privacy Code 2020.

Issued by me at Wellington on 28 October 2020.

THE SEAL of the )  
Privacy Commissioner was ) [L.S.]  
affixed to this code of practice )  
by the Privacy Commissioner )

John Edwards  
Privacy Commissioner

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## Code of Practice

### 1 Title

This code of practice is the Health Information Privacy Code 2020.

### 2 Commencement

This code comes into force on 1 December 2020.

### 3 Interpretation

(1) In this code,—

**disability services** includes goods, services, and facilities—

- (a) provided to people with disabilities for their care or support or to promote their inclusion and participation in society, and independence; or

- (b) provided for purposes related to or incidental to the care or support of people with disabilities or to the promotion of the inclusion and participation in society, and independence of such people

**ethics committee** means—

- (a) the Ethics Committee of the Health Research Council of New Zealand or an ethics committee approved by that committee; or
- (b) the National Advisory Committee on Health and Disability Support Services Ethics; or
- (c) an ethics committee required to operate in accordance with the currently applicable Operational Standard for Ethics Committees promulgated by the Ministry of Health; or
- (d) an ethics committee established by, or pursuant to, any enactment

**health agency** means an agency referred to in subclause 4(2) and, for the purposes of rules 5 to 12, is to be taken to include—

- (a) where an agency holds health information obtained in the course of providing health or disability services but no longer provides such services — that agency; and
- (b) with respect to any health information held by a health agency (being a natural person) at the time of the person's death — their personal representative

**health information** means information to which this code applies under clause 4(1)

**health practitioner** has the meaning given to it by section 5(1) of the Health Practitioners Competence Assurance Act 2003

**health professional body** means an authority empowered to exercise registration and disciplinary powers under the Health Practitioners Competence Assurance Act 2003

**health services** means personal health services and public health services

**health training institution** means a school, faculty, or department referred to in subclause 4(2)(d)

**personal health services** means goods, services and facilities provided to an individual for the purpose of improving or protecting the health of that individual, whether or not they are also provided for another purpose, and includes goods, services, and facilities provided for related or incidental purposes

**principal caregiver**, in relation to any individual, means the friend of the individual or the member of the individual's family group or whānau who is most evidently and directly concerned with the oversight of the individual's care and welfare

**public health services** means goods, services, and facilities provided for the purpose of improving, promoting, or protecting public health or preventing population-wide disease, disability, or injury, and includes—

- (a) regulatory functions relating to health or disability matters; and
- (b) health protection and health promotion services; and

- (c) goods, services and facilities provided for related and incidental functions or purposes

**representative**, in relation to an individual, means—

- (a) where that individual is dead, that individual's personal representative; or
- (b) where the individual is under the age of 16 years, that individual's parent or guardian; or
- (c) where that individual, not being an individual referred to in subclauses (a) or (b), is unable to give their consent or authority, or exercise their rights, a person appearing to be lawfully acting on the individual's behalf in the individual's interests

**rule** means a health information privacy rule set out in clause 5

**the Act** means the Privacy Act 2020.

- (2) A term or expression defined in the Act and used, but not defined, in this code has the same meaning as in the Act.

#### **4 Application of code**

- (1) This code applies to the following information or classes of information about an identifiable individual—

- (a) information about the health of that individual, including their medical history; or
- (b) information about any disabilities that individual has, or has had; or
- (c) information about any health services or disability services that are being provided, or have been provided, to that individual; or
- (d) information provided by that individual in connection with the donation, by that individual, of any body part or any bodily substance of that individual or derived from the testing or examination of any body part, or any bodily substance of that individual; or
- (e) information about that individual which is collected before or in the course of, and incidental to, the provision of any health service or disability service to that individual.

- (2) This code applies in relation to the following agencies or classes of agency—

*Health and disability service providers*

- (a) an agency which provides health or disability services; or
- (b) within a larger agency, a division or administrative unit (including an individual) which provides health or disability services to employees of the agency or some other limited class of persons; or
- (c) a person who is approved as a counsellor for the purposes of the Accident Compensation Act 2001; or



*Training, registration, and discipline of health professionals, etc*

- (d) a school, faculty or department of a tertiary educational institution which provide the training or a component of the training necessary for the registration of a health practitioner; or
- (e) an agency having statutory responsibility for the registration of any health practitioners; or
- (f) a health professional body; or
- (g) persons appointed or designated under the Health and Disability Commissioner Act 1994; or

*Health insurance, etc*

- (h) an agency which provides health, disability, accident or medical insurance, or which provides claims management services in relation to such insurance, but only in respect of providing that insurance or those services; or
- (i) an accredited employer under the Accident Compensation Act 2001; or

*Other*

- (j) an agency which provides services in respect of health information, including an agency which provides those services under an agreement with another agency; or
- (k) a district inspector, deputy district inspector or official visitor appointed pursuant to section 94 of the Mental Health (Compulsory Assessment and Treatment) Act 1992; or
- (l) a district inspector or deputy district inspector appointed pursuant to section 144 of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003; or
- (m) an agency which manufactures, sells, or supplies medicines, medical devices or related products; or
- (n) an agency which provides health and disability services consumer advocacy services; or
- (o) the department responsible for the administration of the Coroners Act 2006, but only in respect of information contained in documents referred to in section 29(1) of that Act; or
- (p) the agencies specified in Schedule 1.

## Part 2: Health information privacy rules

### 5 Health information privacy rules

The information privacy principles are modified in accordance with the Act by the following rules which apply to health information and health agencies—

**Rule 1**

**Purpose of collection of health information**

- (1) Health information must not be collected by a health agency unless—
  - (a) the information is collected for a lawful purpose connected with a function or activity of the health agency; and
  - (b) the collection of the information is necessary for that purpose.
- (2) If the lawful purpose for which health information about an individual is collected does not require the collection of an individual's identifying information, the health agency may not require the individual's identifying information.

**Rule 2**

**Source of health information**

- (1) If a health agency collects health information, the information must be collected from the individual concerned.
- (2) It is not necessary for a health agency to comply with subrule (1) if the agency believes, on reasonable grounds,—
  - (a) that the individual concerned authorises collection of the information from someone else having been made aware of the matters set out in rule 3(1); or
  - (b) that the individual is unable to give their authority and the health agency having made the individual's representative aware of the matters set out in rule 3(1) collects the information from the representative or the representative authorises collection from someone else; or
  - (c) that compliance would—
    - (i) prejudice the interests of the individual concerned; or
    - (ii) prejudice the purposes of collection; or
    - (iii) prejudice the health or safety of any individual; or
  - (d) that compliance is not reasonably practicable in the circumstances of the particular case; or
  - (e) that the collection is for the purpose of assembling a family or genetic history of an individual and is collected directly from that individual; or
  - (f) that the information is publicly available information; or
  - (g) that the information—
    - (i) will not be used in a form in which the individual concerned is identified; or
    - (ii) will be used for statistical purposes and will not be published in a form that could reasonably be expected to identify the individual concerned; or
    - (iii) will be used for research purposes (for which approval by an ethics committee, if required, has been given) and will not be published in a form that could reasonably be expected to identify the individual concerned; or
  - (h) that non-compliance is necessary—

- (i) to avoid prejudice to the maintenance of the law by any public sector agency, including prejudice to the prevention, detection, investigation, prosecution, and punishment of offences; or
  - (ii) for the protection of public revenue; or
  - (iii) for the conduct of proceedings before any court or tribunal (being proceedings that have been commenced or are reasonably in contemplation); or
- (i) that the collection of the information is in accordance with an authorisation granted under section 30 of the Act.

### **Rule 3**

#### **Collection of health information from individual**

- (1) If a health agency collects health information from the individual concerned, or from the individual's representative, the health agency must take any steps that are, in the circumstances, reasonable to ensure that the individual concerned (and the representative if collection is from the representative) is aware of—
- (a) the fact that the information is being collected; and
  - (b) the purpose for which the information is being collected; and
  - (c) the intended recipients of the information; and
  - (d) the name and address of—
    - (i) the health agency that is collecting the information; and
    - (ii) the agency that will hold the information; and
  - (e) whether or not the supply of the information is voluntary or mandatory and if mandatory the particular law under which it is required; and
  - (f) the consequences (if any) for that individual if all or any part of the requested information is not provided; and
  - (g) the rights of access to, and correction of, health information provided by rules 6 and 7.
- (2) The steps referred to in subrule (1) must be taken before the information is collected or, if that is not practicable, as soon as practicable after it is collected.
- (3) A health agency is not required to take the steps referred to in subrule (1) in relation to the collection of information from an individual, or the individual's representative, if that agency has taken those steps on a recent previous occasion in relation to the collection, from that individual or that representative, of the same information or information of the same kind, for the same or a related purpose.
- (4) It is not necessary for a health agency to comply with subrule (1) if the agency believes on reasonable grounds,—
- (a) that compliance would—
    - (i) prejudice the interests of the individual concerned, or
    - (ii) prejudice the purposes of collection; or

- (b) that compliance is not reasonably practicable in the circumstances of the particular case; or
- (c) that non-compliance is necessary to avoid prejudice to the maintenance of the law by any public sector agency, including prejudice to the prevention, detection, investigation, prosecution, and punishment of offences.

#### **Rule 4**

##### **Manner of collection of health information**

- (1) A health agency must collect health information only—
  - (a) by a lawful means; and
  - (b) by a means that, in the circumstances of the case (particularly in circumstances where personal information is being collected from children or young persons),—
    - (i) is fair; and
    - (ii) does not intrude to an unreasonable extent upon the personal affairs of the individual concerned.

#### **Rule 5**

##### **Storage and security of health information**

- (1) A health agency that holds health information must ensure—
  - (a) that the information is protected, by such security safeguards as are reasonable in the circumstances to take, against—
    - (i) loss;
    - (ii) access, use, modification, or disclosure that is not authorised by the agency; and
    - (iii) other misuse;
  - (b) that, if it is necessary for the information to be given to a person in connection with the provision of a service to the health agency, including any storing, processing, or destruction of the information, everything reasonably within the power of the health agency is done to prevent unauthorised use or unauthorised disclosure of the information; and
  - (c) that, where a document containing health information is not to be kept, the document is disposed of in a manner that preserves the privacy of the individual.
- (2) This rule applies to health information obtained before or after the commencement of this code.

#### **Rule 6**

##### **Access to personal health information**

- (1) An individual is entitled to receive from a health agency upon request—

- (a) confirmation of whether the health agency holds any health information about them; and
  - (b) access to their health information.
- (2) If an individual concerned is given access to health information, the individual must be advised that, under rule 7, the individual may request the correction of that information.
- (3) The application of this rule is subject to—
- (a) Part 4 of the Act (which sets out reasons for refusing access to information and procedural provisions relating to access to information); and
  - (b) clause 6 (which concerns charges).
- (4) This rule applies to health information obtained before or after the commencement of this code.

**Rule 7**  
**Correction of health information**

- (1) An individual whose health information is held by a health agency is entitled to request the agency to correct the information.
- (2) A health agency that holds health information must, on request or on its own initiative, take such steps (if any) that are reasonable in the circumstances to ensure that, having regard to the purposes for which the information may lawfully be used, the information is accurate, up to date, complete, and not misleading.
- (3) When requesting the correction of health information, or at any later time, an individual is entitled to—
- (a) provide the agency with a statement of the correction sought to the information (a statement of correction); and
  - (b) request the agency to attach the statement of correction to the information if the agency does not make the correction sought.
- (4) If a health agency that holds health information is not willing to correct the information as requested and has been provided with a statement of correction, the agency must take such steps (if any) that are reasonable in the circumstances to ensure that the statement of correction is attached to the information in a manner that ensure that it will always be read with the information.
- (5) If a health agency corrects health information or attaches a statement of correction to health information, that agency must, so far as is reasonably practicable, inform every other person to whom the agency has disclosed the information.
- (6) Subrules (1) to (4) are subject to the provisions of Part 4 of the Act (which sets out procedural provisions relating to the correction of personal information).
- (7) This rule applies to health information obtained before or after the commencement of this code.



### **Rule 8**

#### **Accuracy, etc, of health information to be checked before use or disclosure**

- (1) A health agency that holds health information must not use or disclose that information without taking any steps that are, in the circumstances, reasonable to ensure that the information is accurate, up to date, complete, relevant and not misleading.
- (2) This rule applies to health information obtained before or after the commencement of this code.

### **Rule 9**

#### **Retention of health information**

- (1) A health agency that holds health information must not keep that information for longer than is required for the purposes for which the information may lawfully be used.
- (2) Subrule (1) does not prohibit any agency from keeping any document that contains health information the retention of which is necessary or desirable for the purposes of providing health services or disability services to the individual concerned.
- (3) This rule applies to health information obtained before or after the commencement of this code.

### **Rule 10**

#### **Limits on use of health information**

- (1) A health agency that holds health information that was obtained in connection with one purpose may not use the information for any other purpose unless the health agency believes on reasonable grounds,—
  - (a) that the use of the information for that other purpose is authorised by—
    - (i) the individual concerned; or
    - (ii) the individual's representative where the individual is unable to give their authority under this rule; or
  - (b) that the purpose for which the information is to be used is directly related to the purpose in connection with which the information was obtained; or
  - (c) that the source of the information is a publicly available publication and that, in the circumstances of the case, it would not be unfair or unreasonable to use the information; or
  - (d) that the use of the information for that other purpose is necessary to prevent or lessen a serious threat to—
    - (i) public health or public safety; or
    - (ii) the life or health of the individual concerned or another individual;
  - (e) that the information—
    - (i) is to be used in a form in which the individual concerned is not identified; or

- (ii) is to be used for statistical purposes and will not be published in a form that could reasonably be expected to identify the individual concerned; or
  - (iii) is to be used for research purposes (for which approval by an ethics committee, if required, has been given) and will not be published in a form that could reasonably be expected to identify the individual concerned; or
  - (f) that the use of the information for that other purpose is necessary—
    - (i) to avoid prejudice to the maintenance of the law by any public sector agency, including prejudice to the prevention, detection, investigation, prosecution, and punishment of offences; or
    - (ii) for the conduct of proceedings before any court or tribunal (being proceedings that have been commenced or are reasonably in contemplation) or
  - (g) that the use of the information is in accordance with an authorisation granted under section 30 of the Act.
- (2) A health agency that holds health information that was obtained from the testing or examination of a blood sample collected in connection with the Newborn Metabolic Screening Programme shall not use that information unless it believes, on reasonable grounds, that the use is in accordance with Schedule 3.
- (3) This rule does not apply to health information obtained before 1 July 1993.

### **Rule 11**

#### **Limits on disclosure of health information**

- (1) A health agency that holds health information must not disclose the information unless the agency believes, on reasonable grounds,—
- (a) that the disclosure is to—
    - (i) the individual concerned; or
    - (ii) the individual's representative where the individual is dead or is unable to exercise their rights under these rules; or
  - (b) that the disclosure is authorised by—
    - (i) the individual concerned; or
    - (ii) the individual's representative where the individual is dead or is unable to give their authority under this rule; or
  - (c) that the disclosure of the information is one of the purposes in connection with which the information was obtained; or
  - (d) that the source of the information is a publicly available publication and that, in the circumstances of the case, it would not be unfair or unreasonable to disclose the information; or
  - (e) that the information is information in general terms concerning the presence, location, and condition and progress of the patient in a hospital, on the day on which the information is disclosed, and the disclosure is not contrary to the express request of the individual or their representative; or

- (f) that the information to be disclosed concerns only the fact of death and the disclosure is by a health practitioner or by a person authorised by a health agency, to a person nominated by the individual concerned, or the individual's representative, partner, spouse, principal caregiver, next of kin, whānau, close relative, or other person whom it is reasonable in the circumstances to inform; or
  - (g) that the information to be disclosed concerns only the fact that an individual is to be, or has been, released from compulsory status under the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the disclosure is to the individual's principal caregiver.
- (2) Compliance with subrule (1)(b) is not necessary if the health agency believes on reasonable grounds, that it is either not desirable or not practicable to obtain authorisation from the individual concerned and—
- (a) that the disclosure of the information is directly related to one of the purposes in connection with which the information was obtained; or
  - (b) that the information is disclosed by a health practitioner to a person nominated by the individual concerned or to the principal caregiver or a near relative of the individual concerned in accordance with recognised professional practice and the disclosure is not contrary to the express request of the individual or their representative; or
  - (c) that the information—
    - (i) is to be used in a form in which the individual concerned is not identified; or
    - (ii) is to be used for statistical purposes and will not be published in a form that could reasonably be expected to identify the individual concerned; or
    - (iii) is to be used for research purposes (for which approval by an ethics committee, if required, has been given) and will not be published in a form that could reasonably be expected to identify the individual concerned; or
  - (d) that the disclosure of the information is necessary to prevent or lessen a serious threat to—
    - (i) public health or public safety; or
    - (ii) the life or health of the individual concerned or another individual; or
  - (e) the disclosure of the information is necessary to enable an intelligence and security agency to perform any of its functions; or
  - (f) that the disclosure of the information is essential to facilitate the sale or other disposition of a business as a going concern; or
  - (g) that the information to be disclosed briefly describes only the nature of injuries of an individual sustained in an accident and that the individual's identity and the disclosure is—
    - (i) by a person authorised by the person in charge of a hospital; and
    - (ii) to a person authorised by the person in charge of a news entity;

and for the purpose of publication or broadcast in connection with the news activities of that news entity and the disclosure is not contrary to the express request of the individual concerned or their representative; or

- (h) that the disclosure of the information—
  - (i) is required for the purpose of identifying whether an individual is suitable to be involved in health education and so that individuals so identified may be able to be contacted to seek their authority in accordance with subrule (1)(b); and
  - (ii) is by a person authorised by the health agency to a person authorised by a health training institution; or
- (i) that the disclosure of the information—
  - (i) is required for the purpose of a professionally recognised accreditation of a health or disability service; or
  - (ii) is required for a professionally recognised external quality assurance programme; or
  - (iii) is required for risk management assessment and the disclosure is solely to a person engaged by the agency for the purpose of assessing the agency's risk;

and the information will not be published in a form which could reasonably be expected to identify any individual nor disclosed by the accreditation quality assurance or risk management organisation to third parties except as required by law; or

- (j) that non-compliance is necessary—
    - (i) to avoid prejudice to the maintenance of the law by any public sector agency, including prejudice to the prevention, detection, investigation, prosecution and punishment of offences; or
    - (ii) for the conduct of proceedings before any court or tribunal (being proceedings that have commenced or are reasonably in contemplation); or
  - (k) that the individual concerned is or is likely to become dependent upon a controlled drug, prescription medicine, or restricted medicine and the disclosure is by a health practitioner to a Medical Officer of Health for the purposes of section 20 of the Misuse of Drugs Act 1975 or section 49A of the Medicines Act 1981; or
  - (l) that the disclosure of the information is in accordance with an authorisation granted under section 30 of the Act
- (3) A health agency that holds health information that was obtained from the testing or examination of a blood sample collected in connection with the Newborn Metabolic Screening Programme shall not disclose that information unless it believes, on reasonable grounds, that the disclosure is in accordance with Schedule 3.
- (4) Disclosure under subrule (2) is permitted only to the extent necessary for the particular purpose.

- (5) Where under section 22F(1) of the Health Act 1956, the individual concerned or a representative of that individual requests the disclosure of health information to that individual or representative, a health agency—
- (a) must treat any request by that individual as if it were a health information privacy request made under rule 6; and
  - (b) may refuse to disclose information to the representative if—
    - (i) the disclosure of the information would be contrary to the individual's interests; or
    - (ii) the agency has reasonable grounds for believing that the individual does not or would not wish the information to be disclosed; or
    - (iii) there would be good grounds for withholding the information under Part 4 of the Act if the request had been made by the individual concerned.
- (6) This rule applies to health information about living or deceased persons obtained before or after the commencement of this code.
- (7) Despite subrule (6), a health agency is exempted from compliance with this rule in respect of health information about an identifiable deceased person who has been dead for not less than 20 years.
- (8) This rule is subject to rule 12.

### **Rule 12**

#### **Disclosure of health information outside New Zealand**

- (1) A health agency (A) may disclose health information to a foreign person or entity (B) in reliance on Rule 11(1)(b) or (c) or 11(2)(a), (c), (d), (f), (i) (j) or (l) only if—
- (a) the individual concerned or, where the individual is dead or unable to exercise their rights under these rules, that individual's representative authorises the disclosure to B after being expressly informed by A that B may not be required to protect the information in a way that, overall, provides comparable safeguards to those in the Act, as modified by this code; or
  - (b) B is carrying on business in New Zealand and, in relation to the information, A believes on reasonable grounds that B is subject to the Act, as modified by this code; or
  - (c) A believes on reasonable grounds that B is subject to privacy laws that, overall, provide comparable safeguards to those in the Act, as modified by this code; or
  - (d) A believes on reasonable grounds that B is a participant in a prescribed binding scheme; or
  - (e) A believes on reasonable grounds that B is subject to privacy laws of a prescribed country; or
  - (f) A otherwise believes on reasonable grounds that B is required to protect the information in a way that, overall, provides comparable safeguards to those in the Act, as modified by this code (for example, pursuant to an agreement entered into between A and B); or
  - (g) that the disclosure of the information is in accordance with an authorisation granted under section 30 of the Act.

(2) However, subrule (1) does not apply if the health information is to be disclosed to B in reliance on Rule 11(2)(d) or (j) and it is not reasonably practicable in the circumstances for A to comply with the requirements of subrule (1).

(3) In this rule,—

**prescribed binding scheme** means a binding scheme specified in regulations made under section 213 of the Act

**prescribed country** means a country specified in regulations made under section 214 of the Act that are made without any qualification or limitation relating to a class of person that includes B, or to a type of information that includes health information.

### **Rule 13** **Unique Identifiers**

(1) A health agency (A) may assign a unique identifier to an individual for use in its operations only if that identifier is necessary to enable A to carry out 1 or more of its functions efficiently.

(2) A may not assign to an individual a unique identifier that, to A's knowledge, is the same unique identifier as has been assigned to that individual by another agency (B), unless—

(a) A and B are associated persons within the meaning of subpart YB of the Income Tax Act 2007; or

(b) the unique identifier is to be used by A for statistical or research purposes and no other purpose; or

(c) it is permitted by subrule (3) or (4).

(3) The following agencies may assign the same National Health Index number to an individual—

(a) any agency authorised expressly by an enactment; or

(b) any agency or class of agencies listed in Schedule 2.

(4) Notwithstanding subrule (2) any health agency may assign to a health practitioner as a unique identifier—

(a) the registration number assigned to that individual by the relevant health professional body; or

(b) the Common Provider Number assigned to that individual by the Ministry of Health.

(5) To avoid doubt, A does not assign a unique identifier to an individual under subrule (1) by simply recording a unique identifier assigned to the individual by B for the sole purpose of communicating with B about the individual.

(6) A must take any steps that are, in the circumstances, reasonable to ensure that—

(a) a unique identifier is assigned only to individuals whose identity is clearly established; and

- (b) the risk of misuse of a unique identifier by any person is minimised (for example, by showing truncated account numbers on receipts or in correspondence).
- (7) A health agency may not require an individual to disclose any unique identifier assigned to that individual unless the disclosure is for one of the purposes in connection with which that unique identifier was assigned or for a purpose that is directly related to one of those purposes.
- (8) Subrules 13(1) to (6)(a) do not apply to unique identifiers assigned before 30 July 1994.
- (9) However, subrule 13(2) applies to the assignment of a unique identifier on or after 30 July 1994 even if the unique identifier is the same as that assigned by another agency before that date.

### Part 3: Miscellaneous

#### 6 Charges

- (1) For the purposes of charging under section 66 of the Act in relation to information privacy requests concerning health information, a health agency that is a private sector health agency must not require the payment, by or on behalf of any individual who wishes to make a request, of any charges in respect of a matter referred to in section 66(1)(b) and 66(2)(b) of the Act except in accordance with this clause.
- (2) Where an individual makes an information privacy request to a health agency that is not a private sector agency, the agency may, unless prohibited by law other than the Act or this code, make a reasonable charge—
  - (a) where, on a particular day, that agency has made health information available to that individual in response to a request, for making the same or substantially the same health information available in accordance with any subsequent request within a period of 12 months after that day; or
  - (b) for providing a copy of an x-ray, a video recording, an MRI scan photograph, a PET scan photograph or a CAT scan photograph.
- (3) Where an agency intends to make a charge under subclause (2) and the amount of the charge is likely to exceed \$30, the agency must provide the individual with an estimate of the charge before dealing with the request.

#### 7 Complaints of breach of code

- (1) Every health agency must designate a person or persons to deal with complaints alleging a breach of this code and facilitate the fair, simple, speedy, and efficient resolution of complaints.
- (2) Every health agency to which this subclause applies must have a complaints procedure which provides that—
  - (a) when a complaint of a breach of this code is received—

- (i) the complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the complainant within that period; and
  - (ii) the complainant is informed of any relevant internal and external complaints procedures; and
  - (iii) the complaint and the actions of the health agency regarding that complaint are documented; and
- (b) within 10 working days of acknowledging the complaint, the agency must—
- (i) decide whether it—
    - (A) accepts that the complaint is justified; or
    - (B) does not accept that the complaint is justified; or
  - (ii) if it decides that more time is needed to investigate the complaint—
    - (A) determine how much additional time is needed; and
    - (B) if that additional time is more than 20 working days, inform the complainant of that determination and of the reasons for it; and
- (c) as soon as practicable after the agency decides whether or not it accepts that a complaint is justified, it must inform the complainant of—
- (i) the reasons for the decision; and
  - (ii) any actions the agency proposes to take; and
  - (iii) any appeal procedure the agency has in place; and
  - (iv) the right to complain to the Privacy Commissioner.
- (3) Subclause (2) applies to any health agency specified in clause 4(2)(a), (c), (d), (e), (h), (i) and (j) or items 1 and 5 of Schedule 1.
- (4) Nothing in this clause is to limit or restrict any provision of Part 4 of the Act or sections 49 to 53.

## **8 Revocation**

The Health Information Privacy Code 1994 is revoked.



**Schedule 1**  
**Specified Health Agencies**

- (1) Accident Compensation Corporation
- (2) Health Research Council
- (3) Institute of Environmental Science and Research Limited
- (4) Ministry of Health
- (5) New Zealand Health Partnerships Limited
- (6) The Interchurch Council on Hospital Chaplaincy

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**Schedule 2**  
**Agencies Approved to Assign NHI Number**

- (1) Accident Compensation Corporation
- (2) Department of Corrections Health Services
- (3) District Health Boards
- (4) Health Practitioners
- (5) Hospitals
- (6) Independent Practitioner Associations
- (7) MedicAlert Foundation – New Zealand Incorporated
- (8) Ministry of Health
- (9) New Zealand Blood and Organ Service
- (10) New Zealand Defence Force Health Services
- (11) Pharmaceutical Management Agency of New Zealand
- (12) Primary Health Organisations
- (13) Any health agency which has a contract with the Accident Compensation Corporation or a District Health Board or the Ministry of Health to provide health or disability services.

### Schedule 3

## Use and Disclosure of Information Derived from Newborn Babies' Blood Spot Samples

Schedule 3 sets standards for how health information derived from the blood spot samples collected for the Newborn Metabolic Screening Programme may be used and disclosed.

All uses and disclosures of derived information must be—

- (a) for one of the permitted primary or permitted secondary purposes; or
- (b) authorised by the individual concerned or their representative; or
- (c) authorised by a close available relative where the individual is deceased or under 16.

#### (1) Interpretation

In this Schedule,—

**close available relative** has the meaning given to it by section 10 of the Human Tissue Act 2008

**derived information** means health information that was obtained from testing or examination of a blood sample collected in connection with the Newborn Metabolic Screening Programme

**permitted primary purpose** means a purpose directly connected with conducting and administering the Newborn Metabolic Screening Programme, including to—

- (a) conduct initial and repeat screening for metabolic or genetic disorders of blood samples taken from newborn babies;
- (b) conduct quality assurance and audit; and
- (c) develop new screening procedures

**permitted secondary purpose** means to—

- (a) assist the New Zealand Police in an investigation where biological material, a body part or a body has been discovered and no other avenue of identifying a person who is deceased or missing is practicable; or
- (b) conduct testing, intending to benefit the individual concerned or their family, that is authorised by—
  - (i) the individual concerned or their representative; or
  - (ii) a close available relative where the individual is dead or under 16; or
- (c) conduct an inquiry pursuant to Part 3 of the Coroners Act 2006; or
- (d) comply with a search warrant or court order; or
- (e) comply with a notice in writing from the chairperson of a mortality review committee pursuant to Schedule 5 of the New Zealand Public Health and Disability Act 2000; or
- (f) carry out research for which approval by an ethics committee and the Ministry of Health has been given.

**(2) Use and disclosure of derived information**

Any health agency that holds derived information about an individual must not use or disclose the information unless it believes, on reasonable grounds, that—

- (a) the individual concerned or their representative has authorised the use or disclosure of derived information about that individual; or
- (b) where the individual is deceased or under 16, a representative or close available relative has authorised the use or disclosure of the individual's derived information; or
- (c) the derived information is to be used or disclosed for a permitted primary purpose or a permitted secondary purpose.

Made at Wellington on 28 October 2020.

John Edwards  
Privacy Commissioner

Issued under the authority of the Privacy Act 2020.

Date of notification in *Gazette*: 2 November 2020

This legislation is administered by the Office of the Privacy Commissioner.



PILOT

## WRGP - Medical Case Review Providers

Published 16/10/2022

### Introduction

This page is to only to be used by people taking part in the Claims Assessment Te Whāriki pilot.

As a Cover Assessor use this page to identify Providers who can conduct a Medical Case Review for Work Related Gradual Process claims.

| Provider Name             | [Out of Scope] |
|---------------------------|----------------|
| Adams, Scott              |                |
| Antoniadis, Michael       |                |
| Asghar, Sohail            |                |
| Burgess, Antony           |                |
| Causer, Mike              |                |
| Cheesman, Ben             |                |
| Christian, Blair          |                |
| Douglas, Rod              |                |
| Emrys, Geraint            |                |
| Ghosh, Rajib              |                |
| Gollop, Bruce             |                |
| Hartshorn, David          |                |
| Hilliard, Andrew          |                |
| Kahan, Michael            |                |
| Newburn, Scott            |                |
| Nicholson, Rod            |                |
| Nightingale, Karen (Lily) |                |
| Payne, David              |                |
| Prestage, David           |                |
| Robb, Martin              |                |
| Ruttenberg, David         |                |
| Ryder-Lewis, Simon        |                |
| Strack, Chris             |                |
| Thake, Jane               |                |
| Tombros, Michael          |                |
| Walker, Gerard            |                |
| Walls, Chris              |                |
| Yarnall, Nicholas         |                |
| Zaidi, Moazzam            |                |

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## Manage Participants

Published 21/10/2022

### Introduction

Use these instructions to maintain the different parties have within a case using the Participants function.

#### How to:

##### Introduction

##### ^ Add a participant

##### Quick steps

##### Open and edit a participant

##### Remove a participant

##### Add employer liability

The Participants function is used to maintain the roles different parties have within a case. An association between the party and claim is created by adding a participant. All claims have at least one participant, linking the claimant to the claim. Participants are claim specific and different from a Party Relationship.

Additional information is required for accidental death and workplace accident claims. In the case of a fatal accident, dependants of the deceased claimant are linked to the claim (Fatal Dependant details). In a workplace accident claim, an employer participant is added (Employer Liability details).

The Participants window is in the General tab of a Claim Record. It shows the different parties that are involved with the claim and the roles they play.

### Add a participant

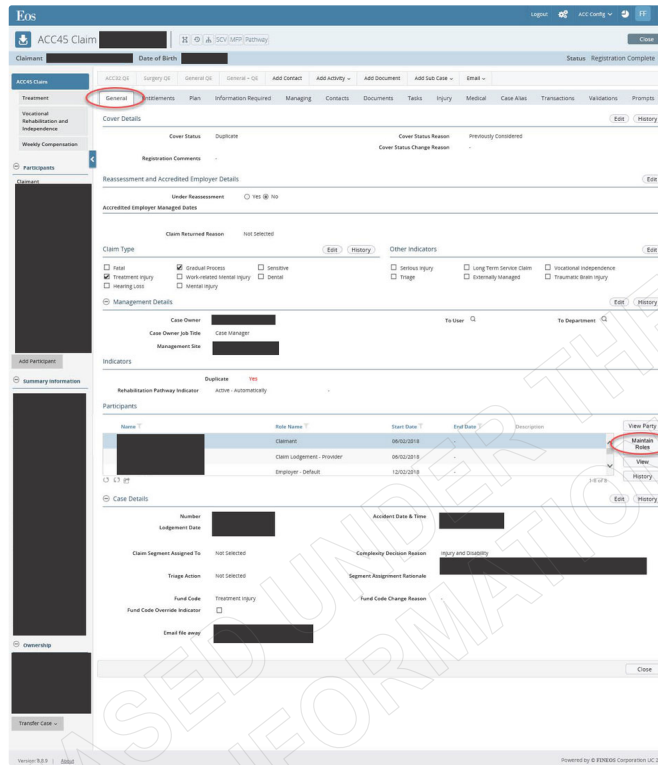
#### Quick steps

1. Open claim. Go to the **General** tab
2. In the 'Participants' section click **Maintain Roles**
3. Click **Add**
4. Select role from the **Role dropdown list**
5. Select whether **Party Type** will be vendor or advisor
6. Click **Find Party**
7. Search for the new party and select from results. If party doesn't exist, **Add** them

#### Step 1

Open the claim and go to the **General** tab. Participants are shown near the bottom of the screen.

**General - Case Details - Manage Basic Claim Details TS101901**



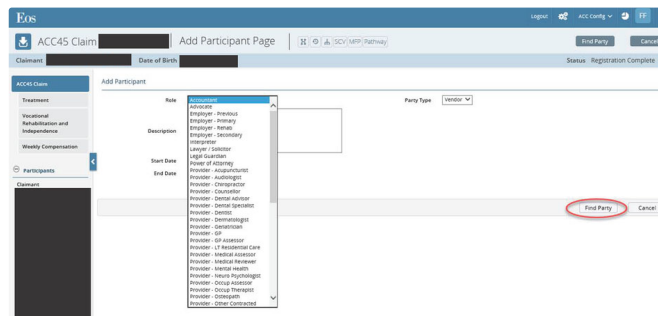
Step 2

Click **Maintain Roles** in the Participants section.

Step 3

Click **Add** to display the Add Participant Page screen.

Add Participant TS101905



Step 4

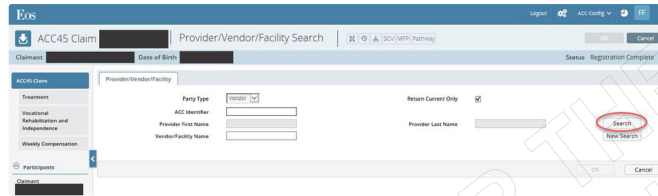
Select the appropriate role from the **Role dropdown list**

Select whether the **Party Type** will be a vendor or an advisor.

**Step 5**

Click **Find Party** to search for the new party.

**Find Party - Provider - Vendor - Facility Search TS101908**



**Step 6**

Enter search criteria and click the **Search** button.

**Step 7**

Select the correct party from the result list. If the party does not exist in Eos, the **Add** button becomes active. See [Add a Party](#).

| If adding... | then...   |
|--------------|---|
| an employer  | if more than one classification unit appears, select the one that was current for the date of the accident, and click <b>OK</b> to display the Employer Liability screen.<br>For further information on completing this screen, refer to Add employer liability below.<br>For further information on adding an employer, see <a href="#">Add an employer to a claim</a> . |
| a dependant  | the claim type must first be marked as 'fatal'.<br>For further information on adding a dependant, see <a href="#">Manage dependant relationships</a> .  |

**Open and edit a participant**

**Step 1**

Open the claim and go to the **General** tab. Participants are shown near the bottom of the screen.

**Step 2**

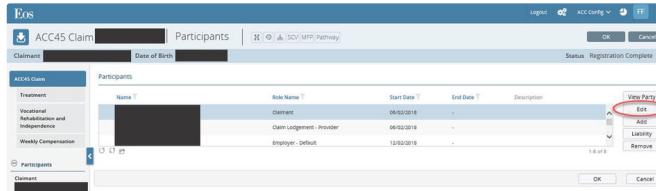
Click **Maintain Roles** in the Participants section.

**Step 3**

Select the party to be changed and click **Edit** to display the **Edit Participants Page** screen.

**Edit Participants - TS101910**





#### Step 4

Edit the participant, start date for a new role, or end date for an old role as required.

Edit the employer classification unit information as required.

#### Step 5

Click OK.

### Remove a participant

#### Step 1

Open the claim and go to the **General** tab. Participants are shown near the bottom of the screen.

#### Step 2

Click **Maintain Roles** in the Participants section.

#### Step 3

Select the party to be removed and click **Remove**.

Click **Yes** in the 'Confirm Remove' pop up window to remove the party.

Note: There must be at least one claimant linked to a claim. To remove a claimant, add the new claimant first.

### Add employer liability

The **Employer Liability** screen allocates the percentage of liability on gradual process claims or other work-related injury. The **Liability** button becomes active when the injury is marked as the result of a workplace accident and an employer is added as a party to the claim. The **Employer Liability** screen appears once the employer party case role is added or opened. It can be updated if the information is not available when the claim is lodged.

At least one employer must be marked as the liable employer. All employers will show in the **Liability** screen.

#### Step 1

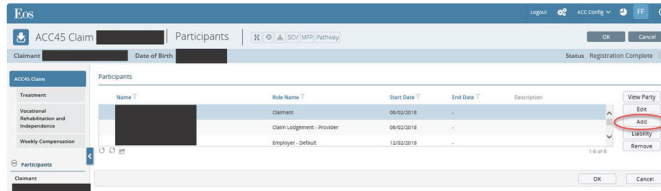
Open the claim and go to the **General** tab. Participants are shown near the bottom of the screen.

#### Step 2

Click **Maintain Roles** in the Participants section.

#### Step 3

Select the employer name and click the **Liability** button.



#### Step 4

The 'Yes' radio button is selected as a default. If there is more than one employer, click No for the one(s) which are not liable for the injury.

#### Step 5

In the **Percentage** field, enter the percentage the employer is liable for as a result of the accident.  
Note: The total of percentages must add up to 100%.

#### Step 6

Click **Save**.

#### Page Details

Content Owner

[Out of Scope]

Content Experts

[Out of Scope]

Topic

Claims

Information Type

System Steps

Relates To

Claim

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# Referral for medical single discipline assessment or medical review

We're referring a client to you for a medical review or assessment. Please refer to the information on this form when you do the assessment.

This referral is for a:  Medical Case Review  Medical Single Discipline Assessment.

Please quote purchase order number [PO number auto] when invoicing ACC for this service.

## 1. Client details

|  |  |
|--|--|
| Client name: [Client full name auto]   | ACC claim number: [Claim number auto]    |
| Date of birth: [Client DOB auto]   | NHI number: [NHI number auto]            |
| Email address: [Client email auto]   | Ethnicity: [Ethnicity auto]              |
| Phone number: [Client home phone auto]   | Mobile phone: [Client Mobile Phone Auto] |
| Postal address: [Additional Recipient Reference Auto]  |  |
| [Client Address Line 1 Auto], [Client Address Line 2 Auto], [Suburb Auto], [Town Or City Auto], [Post Code Auto] |  |
| Residential address (if different from above):   |  |

## 2. Assessor details

|  |  |
|--|--|
| Medical assessor name: [Vendor name auto]          | Speciality: [Enter appropriate speciality or sub-speciality] |
| Phone number: [Vendor phone number auto]           | Email address: [Vendor email auto]                           |
| Date of referral: [Referral to assessor date auto] |  |

## 3. Appointment details

|                                       |
|---------------------------------------|
| Date and time: [insert date and time] |
| Location: [insert location]           |

## 4. ACC details

|   |  |
|---|--|
| ACC contact person: [Case owner name auto]    | ACC branch: [ACC office auto]          |
| Contact phone number: [Case owner phone auto] | Email address: [Case owner email auto] |

## 5. Injury details

|   |                            |               |
|---|----------------------------|---------------|
| Injury description: [Covered injury description and side auto]                  | Date of injury: [DOI auto] |               |
| Additional injury details (if needed):  |                            |               |
| How this injury happened (mechanism of injury): [insert method of injury (MOI)] |                            |               |
| Read code   | Description                | Side and site |

# ACC7395 Referral for medical single discipline assessment or medical review

|                  |                    |                                  |
|------------------|--------------------|----------------------------------|
| [Read code auto] | [Description auto] | [Insert injury side and site(s)] |
| [Read code auto] | [Description auto] | [Insert injury side and site(s)] |

## 6. Service approved

| Service code        | Service description        | Qty.       | Unit of measure | Unit price, excl. GST | Unit price, incl. GST |
|---------------------|----------------------------|------------|-----------------|-----------------------|-----------------------|
| [service code auto] | [service description auto] | [QTY auto] | [unit auto]     | [\$[8888.88 auto]     | [\$[8888.88 auto]     |

## 7. Matters to be addressed

Please address the following matter(s) in your assessment report.

|    |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

## 8. Relevant documents

When completing the assessment, please refer to the documents included with the referral. These are listed on the attached *ACC6246 Relevant documents list*.

## 9. Additional comments

Other relevant advice and notes about this client's case.

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC's privacy policy, available at [www.acc.co.nz](http://www.acc.co.nz). We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.

Your claim number is **[Claim number auto]**

[Date auto]

[Client Title Auto] [Client First Name Auto] [Client  
Last Name Auto]  
[Additional Recipient Reference Auto]  
[Address Line 1 Auto]  
[Address Line 2 Auto]  
[Suburb Auto]  
[Town Or City Auto] [Post Code Auto]  
[Country Auto]

Kia ora [Client first name Auto]

### **We're arranging for you to have an independent medical assessment**

Thank you for taking the time to talk to me on [insert date] about your injury and the assessment we're arranging for you.

As we discussed, we've arranged for you be assessed to help us [CHOOSE ONE]confirm the cause of your current condition.identify your medical condition.confirm whether your current condition is a result of your covered injury.

This assessment may affect your cover and entitlements.

### **About the appointment**

|               |   |
|---------------|---|
| Doctor's name | [Vendor Name]   |
| Phone number  | [Vendor Phone Number]   |
| Where         | [Facility Address]  |
| When          | Your doctor will let you know when [OR insert date and time of appointment] |

You don't need to worry about paying for this appointment as we'll pay the doctor the full cost.

The doctor may need to physically examine you.

You're welcome to bring a support person with you to the appointment. If you'd like to do this, please let me know as soon as possible so I can let the doctor know in advance.

### **Talk to us if you're unable to get to the appointment**

It's really important for your rehabilitation and it's part of your agreement with us that you attend the appointment. If you're unable to attend this appointment for any reason, please let me know at least two days beforehand so we can discuss this and arrange another time. If you think you might have difficulty getting to the appointment because of your injury we may be able to help. Just get in touch with me if you need to.

If you do not attend this appointment and are unable to provide a reasonable explanation for why you cannot attend, your supports, including Weekly Compensation may be affected.

### **What happens next**

After the appointment the doctor will send us a report. I'll send a copy to you and your treating practitioner and get in touch with you to talk about the recommendations and what happens next.

### **We're happy to answer your questions**

If you have any questions I'd be happy to help, please just get in touch with me. You'll find my contact details below.

Yours sincerely

[Staff Name]

**[Staff Job Title]**

Telephone: [Telephone Number]

Encl. *SMRIS02 Medical case review, ACC6246 Relevant documents list*

# Medical case reviews

This information sheet explains how a medical case review helps us answer important questions about the link between your covered injury and your current condition.

Sometimes we need to understand the difference between your injury and any other conditions you might have. This is because we can only pay for treatment and other support if your condition is caused by your injury.

A medical case review (MCR) is an assessment that helps us to identify your medical condition and understand:

- whether your current condition is or may still be a result of your injury
- how your injury affects you at the moment
- whether your injury is improving or likely to improve.

## How we decide if an assessment is needed

If we think you may need an assessment, we'll talk with you first about how you're recovering from your injury and look at the information we hold about it. If we still need more information to help answer our questions, we'll arrange an assessment for you.

## If an assessment is needed

Before the appointment, we'll talk to you about which doctor we think is most suitable to do the assessment. If you're not comfortable with our choice, you'll be able to discuss your preferences with us. Wherever possible, we'll look at alternative options for you.

If you're getting treatment, weekly compensation or any other support from us, it's your responsibility to go to the appointment that's arranged for you. Once your appointment is confirmed, please:

- make sure the time, date and place suit you
- let your ACC contact know immediately if you're unable or need help to attend.

## Preparing for the appointment

The appointment involves a discussion and may include a physical examination. Please make sure you:

- wear comfortable clothes
- arrange to take a family or whānau support person with you if you want to
- arrange transport well ahead to get to the assessment on time
- take any previous X-rays or MRI reports along with you to the appointment.

## During the appointment

The doctor will talk with you about your general health and your injury. If they need to physically examine you, the type of examination will depend on the type of condition you're having assessed. They'll need to do a thorough examination to understand your condition.

If you don't understand any of the questions they ask you, or the reasons for the type of examination, let the doctor know your concerns and ask them to help you understand.

## What happens after the assessment?

The doctor will write a report answering our questions and send it to us, then your ACC contact will send a copy to you and your treating doctor. We'll use this report, along with your previous medical records, to review your current condition. If the report has new information about your injury we'll meet with you and discuss how any decisions we've made may affect you.

## All about Medical case reviews continued

There are several possible outcomes for you after looking at the report. If:

- you're still unable to work because of your covered injury, we'll work with you to update your Individual Rehabilitation Plan and rehabilitation options
- you're capable of working but the effects of your injury make you unable to do the job you had before your injury, we'll support you to find another type of work
- it's clear that you've recovered from your injury, we'll review any ongoing ACC support, including weekly compensation
- you're unable to work because of an illness or another reason unrelated to your injury, we'll be unable to provide further support but we may help you to apply for other assistance.

The outcome of the assessment may affect your cover and entitlements.

### **We welcome your feedback and comments**

If you want to provide further comments on the report, we'll be happy to send these to the doctor to consider. If you don't agree with the opinion provided in the report or past reports, we're unable to change these. However, you can provide additional information or a statement of correction about any points that you disagree with and we'll attach this to the report.

If you're unhappy with any of our decisions, you have the right to ask for a review within three months of the decision being made.

### **We're here to help**

For help with our services, language or cultural support you can call the person who has been helping you at ACC, phone 0800 101 996 or visit [www.acc.co.nz](http://www.acc.co.nz).



# Client Face to Face Meetings

*Kanohi te kanohi*



## Why do we meet client's face to face?

Face to face meetings are when we meet with a client in person because it will benefit them and their recovery. For some clients, meeting in person allows us to create a relationship with a better understanding of their situation, culture, whānau and what's important to them.

Examples of when we may meet with a client face to face include:

- if the client wants their family/whānau or support people present for a conversation
- if the client has a cultural or disability need that is better met through face to face interaction
- if obstacles and flags are impacting on recovery or rehabilitation
- if the client is unclear or having difficulty understanding ACC processes, documentation, etc.
- with clients that we are having difficulty engaging with or who are not complying with rehabilitation
- to discuss steps in ACC's Vocational Independence pathway
- to explain decisions made regarding supports
- when a recovery team member believes that it would add value to the client's experience and recovery outcomes
- when a client requests a face to face meeting and this kind of meeting will add value to their recovery outcomes.

At this point in time, we do not use video calling options as an alternative to face to face meetings with clients or providers.

## Deciding whether to meet face to face

Some clients may want as much information as possible early following injury, and others might feel overwhelmed and need information delivered in smaller chunks. Face to face can be a good way to explain how we can support someone, how we work, and establish a relationship.

Our approach, or decision to meet in person, will often depend on the needs of our client and their whānau. Before arranging a meeting, we need to be clear on why we're holding it and whether it will add value. In many cases, you can provide the same value and level of client experience over the phone.

With a national approach to managing claims, we want to be more focused on meeting our client's needs over the phone where possible. This will ensure we only interact with clients in person when we know that face to face will add real value and we avoid unnecessary changes in contact people.

You should consider the following principles when deciding whether to hold a face to face meeting:

- **Customer centricity** – We understand the circumstances and needs of our client, and their request to meet in person. We consider their needs, how best to meet them, and respond in the most efficient and appropriate way.
- **Everyday counts** – Everyone's time is precious. We strive to effectively and efficiently resolve and support our clients' needs via phone or email. We use our skills, knowledge and available resources to determine if there is a need to meet in person.
- **Wellbeing** – Health and Safety is always front of mind. Face to face meetings will only happen at appropriate times, in appropriate locations, when it is safe and beneficial. Where there are safety concerns, consider how we can use alternatives (e.g. via provider, phone) to provide a similar experience that meets their needs.

- **Cultural awareness** – We meet the diverse needs of our clients and communities and are culturally sensitive when responding to face to face requests and during all engagements. We acknowledge that whakawhanaungatanga (the process of establishing links, making connections and relating to the people we meet in a culturally appropriate way) is an important process. We recognise this is particularly important for clients with high or life-long needs, and their whānau.

One of the ways we show cultural awareness is by asking the client whether there is anyone else they would like to attend a face to face meeting. For some clients, community support is key to their recovery, and we need to proactively provide clients choice and control to include others in their recovery journey.

### Considerations for face to face meetings

|                                     |  |
|-------------------------------------|--|
| <b>Rehabilitation opportunities</b> | Face to face is offered in cases where there are <i>actual</i> or <i>potential</i> rehabilitation opportunities. Meeting should benefit the client's recovery.   |
| <b>Location</b>                     | Consider where to meet that will feel comfortable to the client (within health and safety requirements). Consider the ongoing need to meet in person and whether moving the client to a local team is appropriate. |
| <b>Support people</b>               | Consider what language assistance or support the client might want or need during the interaction. Ask whether there is anyone else (e.g. family or community support) who should be invited to the meeting.       |

Face to face is **not** required when a client:

- needs to resolve an issue regarding a provider
- needs support filling out a form
- needs technical support e.g. MyACC
- requires medical advice

All these scenarios can be resolved over the phone, with a customer host, or by a treating provider.

### Who should meet with the client?

If a face to face meeting will add value to the client's recovery, then a suitably trained individual with the right skills, in the right location will be assigned to have the face to face meeting.

If a client supported in Enabled or Assisted asks to meet in person, consider if they are currently in the best team to support their needs. Follow the [Choosing the Right Recovery Team](#) guidelines to help you decide.

If the client is best supported in Enabled or Assisted, the Recovery Assistant will complete a General task in detailing why the face to face meeting is needed. This meeting request will be assigned to a Recovery Coordinator or Partner in the client's location. For more information on how to request a face to face meeting, see the [Face to Face Meeting Request](#) template.

The task will also be used when:

- A client in Supported has a Recovery Coordinator who is not local to the client and face to face is required.
- Cover Assessment request face to face for a client whose claim is being assessed.

In all other cases, it's likely to be the client's primary point of contact (Recovery Coordinator or Recovery Partner) who would meet with them face to face. If you have any concerns about meeting a client speak to your leader for support.

## Preparing to meet a client face to face

When arranging a meeting it's important to assess Health and Safety risks, consider the client's needs and attend well-prepared.

### Review the claim

It is imperative that we review the client party record and claim details before arranging any meetings. This should include understanding the client's journey, but also checking if the client has any active care indicators or other flags that might indicate face to face is not appropriate.

On the day of meeting, it is important to review this information again, in case there has been a change.

### Health and Safety

The person meeting with the client is responsible for ensuring they are safe. Determine the most efficient way to meet, the most appropriate location, representation, and time. We must follow our [Safe Kiwis – Managing aggressive and threatening behaviours document](#) when meeting clients onsite and should refer to the [Assessing risk when meeting at external locations](#) process if planning to meet offsite.

If your client or another attendee has demonstrated concerning behaviour, or has an active [client care indicator](#), then the meeting must be by appointment only and held in an ACC meeting room with a CCTV camera, with another responsible staff member present. Ensure your leader and other staff are aware of the meeting.

All staff should be familiar with ACC Client Meeting Precautions in the [Safe Kiwis – Managing aggressive and threatening behaviours document](#).

### Cultural needs

Cultural frameworks are in place to guide appropriate engagement at the right time, e.g. whakawhanāungatanga. If you or your client have identified there are cultural needs to be considered when meeting in person, then you can find resources to support the interaction in the [Supporting the Diverse Needs of our Clients](#) guidelines.

If a client requires language assistance, we should be using a qualified interpreting service where possible. This ensures that our clients receive an accurate translation of our message. See the [Working with an interpreter](#) process for more information.

If you need additional support preparing for a face to face meeting, or advice on responding to the cultural needs of your client, speak to a Practice Mentor for guidance.

### Attendees

Ensure you have asked if there is a support person or someone acting on behalf of the client who will be present. If the client hasn't identified anyone, you should ask whether they would want anyone else to attend (e.g. someone from their whānau, church, or broader community).

You should also let the client know of any additional people who will attend and why. For example, interpreters, providers, internal colleagues.

### Preparation

Consider the purpose of the meeting and what the outcome should be for the client, their support people, and ACC. Review information beforehand, prepare any relevant resources, and involve the right people in your planning.

## Following a face to face meeting

During a face to face meeting it is important to confirm any actions to be completed after the meeting, and who will do these. After the meeting, it's important to document the relevant information discussed and any key actions in the client's Recovery Plan.

Face to face meetings are recorded as a personal Contact in Eos. You should identify the contact as a face to face meeting in the contact description.

You should set out your contact notes as follows:

- **Who** attended the meeting
- **Why** you met (e.g. 'Face to face meeting with James to discuss XYZ')
- **Key details** from the meeting – keep it SIMPLE
- What you **agreed** and any **actions**

Only include key quotes, if relevant. A full transcript is not needed!

If the meeting involves a Provider or other external party, be sure to follow up for relevant materials. These should be in addition to your notes – they are not a replacement. This ensures we have a clear record of what is required from ACC and what was agreed with the client.

Refer to the [Recovery Management](#) guidelines and note taking for more information.

If you have conducted the meeting on behalf of a colleague or another team, make sure you update client records and provide a verbal update if required.



## Authority Principles



The 2012 Independent Review of ACC's Privacy and Security [Independent Review of ACC's Privacy and Security](#) noted that ACC's practices in relation to the collection of personal information could be improved both in terms of communication with clients and in ensuring we for our functions and activities.

In response, we have developed the following principles to guide ACC's approach to the way we use a client's authority, including:

- requesting **authority** at the right time
- being **specific** about what information we need and why
- **returning or destroying** records received and not asked for
- only **using** records for the purposes for which they were requested.

Encompassing all this is communication between ACC and our clients.

The picture below illustrates ACC's authority principles.

### So what does this mean for you?

If you deal with clients, this means you need to be regularly talking to them to ensure that they know what we're doing with their information and why, before we do it.

You will need to tailor your communication to your particular clients. Some will not want to be told every time we need to contact a third party, others will expect it. You should have this conversation with your client when you need to obtain more information about their claim.

Clients have two options: sign the ACC6300 or provide alternative authority.

### ACC6300

Signing the ACC6300 means that the client authorises ACC to collect **medical and other records which are or may be relevant to their claim, for the life of the claim.**

Even though the client has signed the ACC6300, we still need to keep them informed.

It is best privacy practice to notify the client before we seek records from a third party. We need to explain to them what we're doing and why.

As we said above, you should tailor the frequency of this communication with your clients, but you **must** let your clients know what you're doing if there has been a period of inactivity on the file of greater than three months.

### Alternative authority

You should consider any reasonable request for alternative authority.

Examples of alternative authority are:

- the client wants a copy every referral letter that is sent to a medical specialist
- the client specifies that information can only be gathered from particular sources
- the client sets a time limit on the duration of their authority

If you think a request may be unreasonable or impractical, you need to discuss this further with the client. Be transparent about who we need information from and step the client through the process of what we do with this information. Try to come to an arrangement that meets the client's needs, even if it means more frequent contact with the client.

There is no template form for alternative authority. But the particulars should be in writing, signed and dated by the client.

You'll need to capture these particular requests in Eos in the Consent Indicators screen in the Indicators tab using the paragraph noted above. This is really important so that other staff who deal with the claim know about the client's particular requirements.

### Can we accept electronic signatures and/or email acknowledgement on documents?

Yes we can, provided there are reasonable grounds to believe that this has come from the client themselves (or an appropriate authorised party). We recommend that these should come from a verified email address. If it was received from an unverified email or there is any other way of confirming with the client via a phone call that they have sent the document to us.

### Using and disclosing information

We don't need authority to use or disclose information for the purpose of establishing a client's eligibility for entitlements. Under normal circumstances, you **should not** be using or disclosing information for any other purpose.

If you think do need to use or disclose information for another purpose (ie Police requests for information, Research), talk to the [Privacy Team](#) about your options.

RELEASED UNDER THE  
OFFICIAL INFORMATION ACT