

ORGANISATIONAL POLICY:

HEALTH INFORMATION PRIVACY

AUTHORITATIVE SOURCE:

The Privacy Act 1993
The Health Information Privacy Code 1994
Official Information Act 1982
Code of Health and Disability Services Consumer Rights (The Code of Rights)
Mental Health (Compulsory Assessment and Treatment) Act 1992
Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
The Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017
Misuse of Drugs Act 1975
Medicines Act 1981
Criminal Disclosures Act 2008
Health Act 1956

AUTHOR:

Quality and Risk Manager/Privacy Officer

SCOPE:

This policy applies to Hauora Tairāwhiti employees, Board members and any other person or organisation dealing with personal information on behalf of Hauora Tairāwhiti, such as volunteers, students and contractors.

PURPOSE:

To set out Hauora Tairāwhiti requirements for the management of all personal information received or generated by Hauora Tairāwhiti and to ensure Hauora Tairāwhiti meets its obligations pursuant to the Privacy Act 1993 and the Health Information Privacy Code 1994. In addition, the sharing of information between secondary, general practice and community staff is important, and it is a priority for the organisation to remove unnecessary barriers, to effectively and efficiently, improve patient care while ensuring compliance with this policy.

DEFINITION:

Personal information: is all health information relating to identifiable individuals, and includes paper-based, electronic, recordings (such as video, audio tapes) and imagery (such as pictures, photos, x-rays etc) documentation. It does not apply to anonymous or aggregated statistical information where individuals cannot be identified.

Privacy: The common understanding of privacy is that people need to be able to protect information about them and need to be able to restrict who they share their personal information with.

Privacy Breach: Is the result of unauthorised access to, or collection, use or disclosure of, personal information, including but not limited to health or employee information. In this context, 'unauthorised' means in contravention of the Privacy Act 1993.

POLICY STATEMENTS:

Hauora Tairāwhiti must manage all personal information it receives or generates in accordance with:

- The Privacy Act 1993
- The Health Information Privacy Code 1994
- Professional codes of ethics and conduct
- The Official Information Act 1982
- The Public Records Act 2005

This includes the management of and:

- Collection
- Storage
- Access
- Correction
- Accuracy
- Retention and
- Disposal

of personal information.

Failure to comply with this policy and its appendices will be managed in accordance with the Hauora Tairāwhiti Code of Behaviour.

In most instances the Privacy Act and the Health Information Privacy Code are subordinate to other legislation. In relation to health information, the Health Information Privacy Code co-exists with ethical obligations. Neither regime overrides the other.

The Hauora Tairāwhiti Information Privacy Policy should be used alongside the above documents, the Official Information Act and other resource materials available from the Office of the Privacy Commissioner. See the Commissioner's website at www.privacy.org.nz

Actions for breaches of the Privacy Act and the Health Information Privacy Code will normally be taken against the organisation involved, although personal liability is possible. All persons to whom this policy applies have a responsibility to comply with this Policy and its appendices.

RULE 1: PURPOSE OF COLLECTION OF HEALTH INFORMATION

(or 'Only get it if you really need it'.)

Hauora Tairāwhiti staff must ensure health information is collected for lawful purpose connected with a function or activity of a health agency and that the collection of information is necessary for that purpose.

Health information should be collected direct from the patient/client, except when:

- The age of the patient requires consent from their parent(s) or representative.
- The patient has authorised collection from someone else.
- Collection from the patient would prejudice their interests, purpose of collection or safety of any person.
- Collection from the patient is not reasonably practicable (e.g. diminished capacity, diagnosed mental state or they are unconscious). In these circumstances later validation from the patient or their representative is required to authenticate the accuracy. If the individual has a representative acting as their Enduring Power of Attorney (EPOA), the staff person asking must ask if the EPOA is activated and a copy must be placed in the individual's health record. If the EPOA is not activated then this poses risk to the organization. Please

RULE 2: SOURCE OF HEALTH INFORMATION

(or "Get it straight from the people concerned")

Hauora Tairāwhiti staff must not give the providers of personal information a blanket undertaking that the information collected will not be disclosed. There are a number of reasons under the Health Information Privacy Code (HIPC) and other parts of the law that require Hauora Tairāwhiti in certain circumstances to disclose personal information. There are also a number of situations in which Hauora Tairāwhiti will have a duty or responsibility to volunteer a disclosure. Examples of these include:

- The health professional is discussing the individual's care with another health professional such as second opinions and / or multi-disciplinary care discussions for the purpose of advancing the individual's care.
- At collection of the information, the patient was informed who else may or will receive it and the disclosure is for that purpose.
- In good faith, it would "prevent or lessen a serious and imminent threat to public health or public safety or the life or health of an individual" (Rule 11 (2)(d)(i)(ii) Health Information Privacy Code 1994.
- To enable staff to carry out their normal business.

Other exemptions do apply but must be discussed with the Privacy Officer.

RULE 3: COLLECTION OF HEALTH INFORMATION FROM THE INDIVIDUAL

(or: 'Tell them what you're going to do with the information'.)

Rule 3 requires that reasonable steps be taken to inform the individual about what you will do with the information they provide. Reasonable steps should be taken to overcome barriers to understanding which may exist i.e. culture, language etc.

RULE 4: MANNER OF COLLECTION OF HEALTH INFORMATION

(or 'Be nice when you're getting it'.)

Health information must not be collected by unlawful means or by means that are unfair or intrude to an unreasonable extent upon the personal affairs of the individual concerned.

RULE 5: STORAGE AND SECURITY OF HEALTH INFORMATION

(or 'Take care of it once you've got it'.)

Storage and security relates to physical, electronic and operational security.

Original health information documents are valuable legal documents and are the property of Hauora Tairāwhiti.

Physical files must not be sent outside the organisation unless there is no other reasonable alternative. Original records must be released when:

- Required by a Police search warrant
- The situation requires the transfer of the clinical record as a matter of urgency and there is no reasonable means of obtaining a copy in the time available.

Whenever an original is released outside the organisation a copy must be retained. If that is not practical, a copy must be obtained as soon as possible and the person releasing the record, or their delegate, must take responsibility for ensuring that the return occurs.

Staff must not take physical individual health records/files home or off-site. This is a breach of this policy.

Staff who work with individuals in the community and record individual notes or individual information may hold this information until it is practical to file the note/document in the individual's health record, which could be the end of the working day. If the staff person has worked out of hours, it is expected that they file the notes in the patients file at work within 24hours.

Electronic transmission of health information

In general, electronic transmission refers to the use of email or fax.

1. The use of fax for transmitting health information

When faxes are sent outside the organisation a fax cover sheet should be used:

- Stating the name of the intended recipient
- Marked "confidential"
- All external faxes must have the Hauora Tairāwhiti confidentiality and privacy disclaimer attached. *"This message together with any attachments is confidential. If you are not the intended recipient: Do not copy, disclose or use the contents in any way; and let me know by return fax/email immediately and then destroy this message. Hauora Tairāwhiti is not responsible for any changes made to this message and/or any attachment after sending."*

Whenever Hauora Tairāwhiti staff intend to fax health information they must ensure that the correct fax number or is used.

The following procedure must apply:

- Check the number of the recipient
- After dialling check the number shown on the fax machine is correct before sending.
- Where practicable telephone prior to sending so that the recipient can advise if not received or telephone after sending to ensure fax has been received.
- Ensure that commonly used fax numbers are pre-programmed into the fax machine whenever possible.

2. The use of email for transmitting health information

The use of email for the transfer of identifiable health information requires special consideration as email to organisations outside of Hauora Tairāwhiti is not secure. In cases where email is to be used it is preferable for the patient to be informed that this will be occurring because email poses special problems in privacy. For example, use of email to transmit health information may result in the information being stored on several hard drives, not all of which may be secure from unauthorised access. There is also a risk of interception during transmission as email commonly passes through a number of computers on the way to its final destination.

Whenever email is to be used outside the organisation:

- Email addresses must be included in the Contacts List.
- For new email addresses a test email should be sent before sending health information.
- The information to be sent can be passworded or encrypted and sent in the first email to the intended recipient asking them to acknowledge the email by phone. A second email with the password should only be sent when the intended recipient (“correct” recipient) has acknowledged and replied to the first email. This is to ensure the “right” recipient has been identified.
- All external emails must have the Hauora Tairāwhiti confidentiality and privacy disclaimer attached. *“Confidentiality: This message is for the named person/s only. It may contain confidential, proprietary or legally privileged information. No confidentiality or privilege is waived or lost by any erroneous transmission. If you receive this message in error, please delete it and all copies of it from your system, destroy any hard copies and notify the sender. You must not, directly or indirectly, use, disclose, distribute or copy any part of this message if you are not the intended recipient or if you do not have the sender’s permission. Any views expressed in this message are those of the sender except where specifically stated otherwise and the sender is authorised to state them to be the views of any such entity. The sender does not represent, warrant or guarantee that the integrity of this communication has been maintained nor that the communication is free of errors, virus or interference.”*
- NBL: This email disclaimer is added automatically for emails sent from Hauora Tairāwhiti email addresses to email addresses outside the organisation.

Availability of personal health information for clinical purposes

Safeguarding and securing health information belonging to an individual is the responsibility of all Hauora Tairāwhiti personnel who handle the individual’s health information.

Any person who has custody of a medical record or other item of health information is responsible for ensuring that:

- They know the policies relating to the tracking, storage and security of information and abide by them; and
- The information is readily accessible and can be transferred to any service of Hauora Tairāwhiti within a reasonable period of time when the information is required for the provision of health and disability services to the individual to whom the information belongs.

Storage of an individual's main clinical file is held on-site at the Clinical records Department or agreed archive area/facility. Storage of an individual's personal information may also be stored at agreed electronic regional health repositories that have completed a Privacy Impact Assessment.

Individual Hauora Tairāwhiti services such as mental health, allied health services or district nursing for example may have specific files known as "satellite" files. These files are not held in the individual's main personal record but with the service concerned. In these instances, physical, operational and technical arrangements for the security of the information will be appropriate to that particular service in which the information is being held or used and the purpose for which the information has been collected. Restricted access to these areas may be defined.

Please refer to the section titled **Privacy – Best Practice Guidelines** for more information regarding privacy practice.

RULE 6: ACCESS TO PERSONAL HEALTH INFORMATION

(or 'They can see it if they want to'.)

People have the right to request access to personal information. The Act provides for up to 20 working days for requests to be considered.

There are no requirements for how requests for health information are made. It is preferable that requests are in writing where possible and on the request for access to personal information form in Appendix A. When a requestor is unwilling or unable to make a written request, Hauora Tairāwhiti staff must offer the requester reasonable assistance with making the request including compliance with identification requirements. As a minimum, Hauora Tairāwhiti staff should make their own record of the request. This should be filed in the clinical record.

Before allowing access to health information Hauora Tairāwhiti staff must have reasonable evidence that the person making the request is who they say they are. If the individual making the request is an inpatient, is attending a clinic or is being seen in the community, and requests their information, Hauora Tairāwhiti staff may write on the request form that they have personally identified the requestor and provide the information. If a person making the request cannot be identified in this manner then he or she must provide verification of identity. The preferred form is photo identification such as a driver's license or passport.

Section 40 of the Privacy Act provides that where a request has been made for access to personal information by the individual concerned, Hauora Tairāwhiti must, as soon as reasonably practical, and in any case no later than 20 working days after the day on which the request was received respond to the requestor.

If you are unsure on whether or not to grant a request, you should contact your manager/team leader in the first instance. They may choose to refer the request to the Privacy Officer or Chief Executive to be actioned.

Reasons for refusing access

Information may only be withheld if it falls within one of the exceptions in the Code. Some of the common exceptions include:

- Release of the information would be likely to prejudice the maintenance of the law;
- Release of the information would be likely to endanger the safety of an individual;
- Release would involve the unwarranted disclosure of the affairs of another individual or a deceased individual;
- Release would be likely to prejudice the physical or mental health of the requestor.

Access rights of children

All individuals, including children, have the right of access to their own health information. When a child makes a request it should be dealt with in accordance with Rule 6. Access may be refused in the case of an individual under the age of 16 where disclosure of the information is considered to be contrary to his or her interests. When a parent/guardian makes a request for children's notes they should be vetted by a clinician, manager/team leader or the Privacy Officer to ensure any information that may be contrary to the child's interest is not being disclosed.

Access to clinical records by staff

Hauora Tairāwhiti staff **must not** access personal records of family and friends or other persons they have a non-work related interest in simply because they have the ability to do so. Failure to adhere to this rule will be treated seriously and in accordance with the Hauora Tairāwhiti Code of Behaviour.

Staff who access individual health records which is not part of their "duties" or without the individual's or their representative's consent (verbal consent is adequate and must be documented) are breaching this policy. Under these circumstances, the staff person's actions will be investigated and managed through People and Development and Health Professional Lead as appropriate.

Staff **must not** access their own health records. They must request that information in the normal manner as an individual/patient/client. Failure to adhere to this rule is a breach of the policy and will be treated in accordance with the Hauora Tairāwhiti Code of Behaviour.

Staff working from home and accessing patient information electronically are expected to comply with this policy.

Staff access to an individual's health record must be "in the course of their duties" and "the staff member is presently treating or involved in the patient's care" or "performing an administrative function" (e.g. for a Secretary to Doctor, Clinical Records Staff, quality audit/activities as per sections 22C, 22D and 22F of the Health Act 1956).

RULE 7: CORRECTION OF HEALTH INFORMATION

(or 'They can correct it if it's wrong'.)

People have a right to request correction of their health information. Correction may involve altering personal information by way of amending or correcting, deleting or adding information.

If Hauora Tairāwhiti decides not to make the change, the "Statement of correction sought, but not made" will be affixed to the requestors statement of correction(s) and filed in the

patient records. Hauora Tairāwhiti staff have an obligation to take reasonable steps to ensure that the information they propose to use is accurate, regardless of whether a correction request has been made.

Where a correction has been made, or a “statement of correction sought, but not made” has been added to an individual’s record, the DHB must, if reasonably practicable, inform each person or body or agency to whom the health information has been disclosed e.g. the patient’s GP, or treating clinician if care has been provided by another healthcare provider.

RULE 8: ACCURACY OF HEALTH INFORMATION TO BE CHECKED BEFORE USE

(or ‘Make sure it’s right before you use it’.)

Hauora Tairāwhiti must not use information without taking such steps to ensure that the information is accurate, up to date, complete, relevant, and not misleading.

RULE 9: RETENTION OF HEALTH INFORMATION

(or ‘Get rid of it once you’re done with it’.)

Hauora Tairāwhiti retains health information for 10 years following the death of an adult and for 20 years after the death of a child. Once the relevant time limit is met, the records become available for collection by the deceased’s next of kin or executor of their estate.

RULE 10: LIMITS ON USE OF HEALTH INFORMATION

(or ‘Use it for the purpose you got it’.)

This rule limits the uses to which health information can be used. Its focus is on purpose. The basic rule is that information obtained for one purpose cannot be used for any other purpose unless an exception applies. However, if that information was originally obtained for the facilitation of a patient’s care then Hauora Tairāwhiti employees can share it with other providers along the chain of care, unless there are reasons (or legislation) that prevent this.

RULE 11: LIMITS ON DISCLOSURE OF HEALTH INFORMATION

(or ‘Only disclose if you’ve got a good reason’.)

In general terms, health information must not be disclosed unless authorised by the individual or is allowed or permitted by law. A request for access to personal information about someone other than the requestor is known as a third party request.

There are a number of situations when details may have to be disclosed such as:

- Disclosure is one of the purposes for which the agency got the information.
- Disclosure is necessary to prevent or lessen a serious threat to the life or health of the individual concerned or another individual.
- Disclosure is necessary for court proceedings.
- The person concerned authorised the disclosure.
- The information is going to be used in a form that does not identify the person concerned.
- When legislation states there must be limited disclosure for specific or law enforcement purposes.

If another law enables health information to be disclosed this will not breach the Privacy Act or the Code if Hauora Tairāwhiti exercises any discretion given reasonably.

The information sharing requirements of some other Acts override the Privacy Act – for example:

- The Mental Health (Compulsory Assessment and Treatment) Act 1992;
- The Health Act 1956;
- Official Information Act 1982 and
- The Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017

set out specific circumstances where information may, or must, be disclosed even without authorisation of the individual.

Where release of personal information is permitted under Rule 11 of the HIPC (or sections 27-29 Of the Privacy act) the disclosure must be made only to the extent necessary to meet the purpose of the request.

POLICE

When Police make a request for information they must do so in writing on the Police request form (see Appendix B). Hauora Tairāwhiti has discretion whether to disclose the requested information, unless a search warrant is produced, in which case disclosure is mandatory.

If the Police produce a warrant and the Hauora Tairāwhiti staff member is unsure what to do then they must advise the officer that they are not refusing to comply with the warrant but that they want to refer the request. The Duty Manager or Privacy Officer should be contacted immediately.

OTHER STATUTORY PROVISIONS

There are a number of other statutory provisions that authorise or require health information to be made available to specific agencies.

There are also a number of other statutory provisions that prohibit or restrict disclosure of health information.

If you are unsure, please refer the request to your Manager/Team Leader or the Privacy Officer.

RULE 12: UNIQUE IDENTIFIERS

(or 'Be careful with unique identifiers')

A health agency must not assign a unique identifier to an individual unless the assignment of that identifier is necessary to enable the health agency to carry out any one or more of its functions efficiently. This rule restricts the circumstances in which unique identifiers may be assigned and restricts the assigning of a unique identifier assigned by another agency. In New Zealand, the **National Health Index** is the mechanism for uniquely identifying every health care user.

Training

- All new staff attend an orientation on the Privacy Act and the Health Information Code.
- All new staff complete the Privacy Commission self-paced e-learning tool health 101: Introduction to the Health Information <https://elearning.privacy.org.nz/>

- All existing staff complete the Privacy Commission self-paced e-learning tool health 101: Introduction to the Health Information tool bi-annually <https://elearning.privacy.org.nz/>
- In-service training is available upon request to the Privacy Officer.

PRIVACY– Best Practice Guidelines

- Health information should not be left unattended in public areas. This includes for example any patient information such as operation, clinic lists, clinical records. Care must also be taken with information in areas such as reception or waiting rooms.
- Care must be taken not to display health information on the outside of letters and parcels. All Hauora Tairāwhiti staff or contractors transporting clinical records must ensure the record is in a bag, envelope or receptacle, thus preventing personal information (including the patient's name) from being seen.
- Outgoing mail awaiting collection should not be left where it is easily accessible to the public.
- The current location of clinical records must be recorded on the iPMS tracking system or an alternative system if this is not available.
- Care must also be taken with computer screens. All staff should log off when they leave a computer and / or locked and password protected.
- Any correspondence, old labels or other documentation containing patient information authorised to be discarded must be disposed of in the secure shredding bins.
- Offices and filing cabinets should be locked when unattended.
- Names and details of patients should not be discussed in lifts or any other public areas.

Clinical Records

- All clinical records being transported by hospital staff internally or off-site, including the mail system must be covered and secured at all times. Staff can use satchels, envelopes, brief cases and courier bags.
- Trolleys containing clinical records should not be left in areas accessible to the public or other patients.

- Only those staff members involved in the care and treatment of a patient may have access to that person's clinical records. The exception to this are staff involved in quality audit activities.

Identity of Patients

- Wherever possible, patients should be asked on admission to the ward areas if their name can be displayed on room doors, above beds and on name boards.
- Ideally, name boards in wards/units should not be able to be viewed by any members of the public.
- Name boards should only show patient name, room allocation and who is responsible for their care.
- Patients can request that no details be released in relation to their condition.
- Unless specific consent is given, only the general condition of a patient, (e.g. satisfactory) can be released.
- If at all possible, patients should not be asked to verify personal details in reception/waiting rooms/ward areas where they can be inadvertently overheard by others.
- When requesting information from a patient, all care should be taken to ensure that this is achieved in a manner that respects the individual's privacy.
- A patient's consent must be obtained if a photograph is to be taken of them and such consent must be in writing if the photograph is to be used for educational or research purposes.

Answer Phones

- Leaving messages about or for patients on their answer phones should be avoided.
- When urgent contact is to be made the only message that is acceptable is to leave a telephone number and name for the person to phone back.
- Under no circumstances should the name of the organisation, the clinical area, or reference for any health care treatment be made.

General

- Patient details should be checked with the individual concerned to confirm accuracy and that the details are up to date each time the person presents.
- Information obtained from third parties should be verified with the patient as soon as possible, where practicable.
- Patients or patient family/whanau should not be stopped in lifts, corridors or public places and their care discussed.

- Wherever practicable an explanation should be given before information is collected as to its intended use and to whom it may be disclosed (this includes access across the Midlands Region).
- Information for patients and members of the public should outline the reasons for collecting the information and the purposes for which it will be used.

RELATED PROCEDURES:

Hauora Tairāwhiti's Code of Behaviour

Hauora Tairāwhiti's Information Services Resources - Acceptable Use Policy

Hauora Tairāwhiti Media Policy

Hauora Tairāwhiti Complaints Management Policy

Associated Websites

- Privacy Commissioner www.privacy.org.nz
- Nursing Council www.nursingcouncil.org.nz
- Medical Council www.mcnz.org.nz
- Physiotherapy Board www.physioboard.org.nz
- Aotearoa NZ Association of Social Workers www.anzasw.nz
- Health and Disability Commissioner www.hdc.org.nz
- Health Quality & Safety Commission www.hqsc.govt.nz
- Standards NZ www.standards.co.nz
- Ministry of Health www.moh.govt.nz
- Mental Health Commission www.mhc.govt.nz

OUTCOME STANDARDS:

All health information is managed in accordance with relevant legislation.

EVALUATION METHOD:

Complaints made

Random employee checks of electronic access to patient records

Authorised By (Chief Executive)

Date of Approval: February 2018

Next Review Date: February 2021

Appendix A

Patient Information Request Form			
Release Form		Clinical Records Department	
Request for information			
Patient details - records to be accessed			
Surname/family name:			
Full given names:			
Also known as:			
Date of birth: / /		NHI number:	
Full residential address:			
Contact:		Telephone number:	
Requestor's details - if different from above			
Name:			
Full residential address:			
Postal address:			
Contact:		Telephone number:	
information requested			
General medical record - select the categories of information requested			
Date of injury/medical treatment: / /			
<input type="checkbox"/> Emergency Department			
<input type="checkbox"/> Outpatient Clinic			
(e.g. Ophthalmology, Cardiology etc. includes reports from Doctors, Nurses, referrals from GPs)			
Specify:			
<input type="checkbox"/> Admission	<input type="checkbox"/> All admissions	<input type="checkbox"/> Discharge summary	
<input type="checkbox"/> Investigations (test results)			
<input type="checkbox"/> Other – please specify:			
<input type="checkbox"/> Mental Health Services			
(Includes Community, Inpatient, Alcohol & Other Drug, Child Adolescent & Family, Intensive Rehabilitation, Early Intervention)			
Before submitting your form, please refer to the Requestor's Checklist			

Requestor's checklist
Option A

If you are a patient requesting a copy of your own information:

- Complete and sign the relevant section(s) on this form
- Attach photo proof of ID (e.g. Driver's Licence, Passport, NZ Firearms licence, Kiwi Access Card¹)

Option B

If you are the representative* requesting the patient's health information:

- Complete and sign the relevant sections on this form
- attach evidence of representative status and/or lawful authority
- attach photo proof of your own ID to this form

Option C

If you are requesting a deceased patient's health information:

- complete Appendix 1, attached to this form
- obtain authorisation, if necessary, from the deceased person's "representative"
- attach a copy of the completed/signed authorisation
- attach proof of your own and the representative's ID to this form

¹This is a card for anyone over 18 years of age and does not have a form of photo id. Please visit <https://kiwiaccess.co.nz/> for more information.

* Representative means:

- a parent or guardian of a child under 16 years of age;
- the administrator or executor of the estate of a dead person (see Option C above);
- someone acting with lawful authority (such as a power of attorney) over a person's affairs;
- someone who is clearly acting on behalf and in the best interests of a person who is unconscious and/or incapable

Requestor's Authority

I am requesting my own information.

Signature:

Date: / /


Submitting completed form

Post the completed form with all required attachments to:

Clinical Records Department
 Hauora Tairāwhiti
 421 Ormond Road
 Private Bag 7001
 Gisborne 4010

 or email: clinical.records@tdh.org.nz

Your request will be:

- acknowledged within 5 working days of receipt
- We will contact you within 20 working days when your request has been processed
- If you or a representative make your request, you will be required to come and collect the information in person. Please bring your proof of identification with you.

Please be aware that if you bring the forms of request in to Clinical records there is no guarantee your request will be processed immediately. Please send your request to Clinical Records.

PATIENT RECORD INFORMATION REQUEST FORM Appendix 1: REQUEST FOR A DECEASED PERSON'S INFORMATION	 CLINICAL RECORDS SERVICES
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The deceased person's "representative" MUST complete this form.

In general, Hauora Tairāwhiti cannot release information about a deceased person unless it is being released to, or has been authorised by, the deceased person's "representative".

The term "representative" means the executor or administrator of the estate of a dead person.

The representative must complete all parts of this form (below), as well as the relevant parts of the general Request for Information form.

The representative must also provide the following:

- A copy of the front page of the deceased person's "Will" or "Letters of Administration" as proof that s/he is the deceased person's representative; and
- Photo proof of the representative's identity (e.g. Driver's Licence).*

* This is not required where the representative is either acting in their professional capacity as a Barrister & Solicitor of the High Court of New Zealand or a Trustee Corporation.

A	
I am the Executor OR Administrator <i>(delete one)</i> of	
<div style="border-bottom: 1px dashed black; text-align: center; margin-bottom: 5px;">Who died.....</div> <div style="display: flex; justify-content: space-between; font-size: small;"> Print deceased person's name Print year or date of death </div>	
B	
I authorise Hauora Tairāwhiti to release the information indicated on the "Request for Access to Health Information" form <i>(attached)</i> to	
<div style="border-bottom: 1px dashed black; text-align: center; margin-top: 10px;">Print name of person the information is to be released to</div>	
C	
Name:	Address:
Signature:	
Telephone (home):	Telephone (Mobile):
D	
<input type="checkbox"/> I attach a copy of the Will/Letters of Administration <i>(delete one)</i> as proof that I am the deceased person's representative	
<input type="checkbox"/> I attach a copy of photo Id as proof of my own identity	

The completed forms and all additional required attachments should be posted or emailed to Hauora Tairāwhiti.

Please note that where there is no executor or administrator, requests for a deceased person's information can be made in writing to Hauora Tairāwhiti Privacy officer under the Official Information Act 1982. If you have any questions about this process, please contact Hauora Tairāwhiti Privacy officer.

This form and subsequent information are subject to the provisions of the Privacy Act 1993, Health Information Privacy Code 1994 and/or Official Information Act 1982.
 You will receive a response or acknowledgement within 20 working days.

Appendix B:



Date: _____

Privacy Officer
Tairāwhiti Healthcare
Private Bag 7001, Gisborne
Ph: 06 8690500
Fax 06 8690516

Re: _____ DOB: _____
First Name Surname

I request that you provide me with the following information concerning the above named person:

Authorisation is attached _____

It is undesirable, impracticable or impossible to obtain consent or authorisation of the patient, or his/her personal representative, to release the information to the Police because:

Notwithstanding the person's right to have their privacy protected, I believe such right is outweighed by the following considerations which, in the public interest, require you to release the information (identified above) to the Police:

In making this request, I am acting for the purpose of exercising or performing the powers, duties, or functions as an employee of the NZ Police Department. My details are :

Full Name: _____ Reg.No. _____

Rank: _____ Station: _____

I have given the above information trustfully and honestly. I have not withheld any other information which might prejudice Tairāwhiti Healthcare's right (if any) to disclose or refuse to disclose any information, as identified above, to me.

Signature

Date