**Frequently Asked Questions**

***What information can I request?***

You can request any information that we hold about you. This includes information we have collected from you when you have contacted us by telephone, text, email, web chat, or written correspondence. Information we may hold includes your name, gender, ethnicity, date of birth, contact details and information about your illnesses, symptoms, and disabilities.

***Can I request information about my child?***

Yes. However, if your child is over 16 years of age we will require their written consent.

***Can I request information about a friend or whānau member?***

Yes. However, we will require their written consent or a copy of the activated Enduring Power of Attorney if applicable.

***Can I request information about a deceased whānau member?***

Yes. However, we will require written consent from the Executor or Administrator of the whānau member’s Will. If your whānau member did not have a will, contact us to discuss your options.

***When will I get a response?***

We will respond as soon as possible, and no later than 20 working days. If we require additional time, we will let you know. If your request is **urgent** please let us know and we will do our best to accommodate this.

***Is there a fee?***

We will not charge you a fee for requesting a copy of your information unless we have already provided you with the same or substantially the same information within the last 12 months.

***What if the information is wrong?***

If you believe any information we hold about you is wrong you can ask us to correct it. We will either make the correction or explain to you why we are not prepared to do so. In that case you may ask for a statement of your views to be placed on your record.

***How will I receive my information?***

We will send the information to you by password protected email or by courier post.

***How do I make a complaint?***

If you have any concerns about the way we have handled your request for information, please let us know and we will do our best to resolve this. You can also contact the Office of the Privacy Commissioner at: <https://www.privacy.org.nz/your-rights/making-a-complaint/>

***Any further questions?***

Feel free to email us at feedback@whakarongorau.nz with any questions or concerns.

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| Please complete this form and return it to us with proof of identity by **email** to**:** feedback@whakarongorau.nz or by **post** to**:** Privacy Officer, Whakarongorau Aotearoa, PO Box 9980, Newmarket, Auckland 1149. |
| **Service user (patient) details** - person whose records are being requested |
| Surname: |  |
| First name(s): |  |
| Also known as: |  |
| Date of birth: |  |
| Phone numbers: | Home:  |  | Mobile: |  |
| **Requestor details** |
| Name: |  |
| Relationship to service user: |  |
| Phone number: | Home:  |  | Mobile: |  |
| Signature:  |
| *Proof of ID is required – please attach a copy of your driver licence or passport* |
| **Authority to request this information** |
|[ ]  I am the service user |
|[ ]  I am the parent/legal guardian of the service user who is under 16 years of age |
|[ ]  I have written consent from the service user |
|[ ]  I am, or have authorisation from, the executor of the deceased service user’s estate |
|[ ]  I have enduring power of attorney over the service user’s affairs |
|[ ]  I am a health or disability provider providing health or disability services to the service user |
|[ ]  Other - please specify: |
| **What information do you require?** |
| Please describe exactly what information is required (e.g. summary of call, copy of clinical notes) including any relevant dates |  |
| **How would you like the information delivered?** |
|[ ]  **Courier** to: |
|[ ]  **Email** to: |

NB: If you would like us to archive your records from our database, please let us know. We can transfer your records to another healthcare provider of your choice (e.g. your doctor) or provide you with a complete copy for your own records.