

18 December 2023

Kia ora [REDACTED]

Your Official Information Act request, reference: GOV-029322

Thank you for your email of 1 December 2023, asking for information under the Official Information Act 1982 (the Act). I have provided a response to each of your questions in turn:

Question 1 to 3.1: Your questions about the ACC website

You have asked about the 'Getting a decision on your patient's claim' page of the ACC website found here: <https://www.acc.co.nz/for-providers/lodging-claims/claims-decisions>. The list below the heading titled 'What we look at when making a decision' is current, however, please note that it is not an exhaustive list. These are examples of what information we may need when making decisions, depending on the facts of each claim.

Please find attached policies and processes which show what type of information we may need when assessing a claim for cover or entitlements, including:

- Assess claim for cover: Simple PICBA Claim
- Automated Cover Decision Policy
- Request Clinical Records
- Request medical or clinical records Policy

As staff names were not requested, they have been deemed out of the scope of your request and removed.

Questions 3.2 to 4: What information is provided to ACC registered psychologists and psychiatrists for referrals for PTSD claim decisions

Please see step 4 'Assess and Fund Psychological Services' and 'Arrange Mental Injury Assessment for Cover' which were sent to you on 2 October 2023 (our ref: GOV-027889).

Question 5: Can an ACC registered Psychologist or Psychiatrist make an informed ACC claim decision, or submit their ACC report without first receiving all the relevant ACC Client File information (bullet pointed in Question 2) from ACC?. If so under what circumstances?

As we have mentioned above, what information is required to make a decision will depend on the facts of each case, however, under 'Arrange Mental Injury Assessment for Cover' step 4(a) specifies documents that can be provided (if relevant to the assessment and claim).

Please also note that the psychologist or psychiatrist does not make the final decision, instead they may make recommendations which ACC will consider in line with the Accident Compensation Act 2001.

Question 6: Please provide a definition of what ACC means when ACC refer to an "ACC Client File" ? For avoidance of doubt, in particular what does the word "File" mean

In the context of client information, each new claim lodged with ACC is given a claim number and is added to the client's list of claims. Anything to do with that claim (contacts, documents, tasks etc.) are added to that claim number in our electronic system creating a client file.

As this information may be of interest to other members of the public

ACC may publish a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you have any questions about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz.

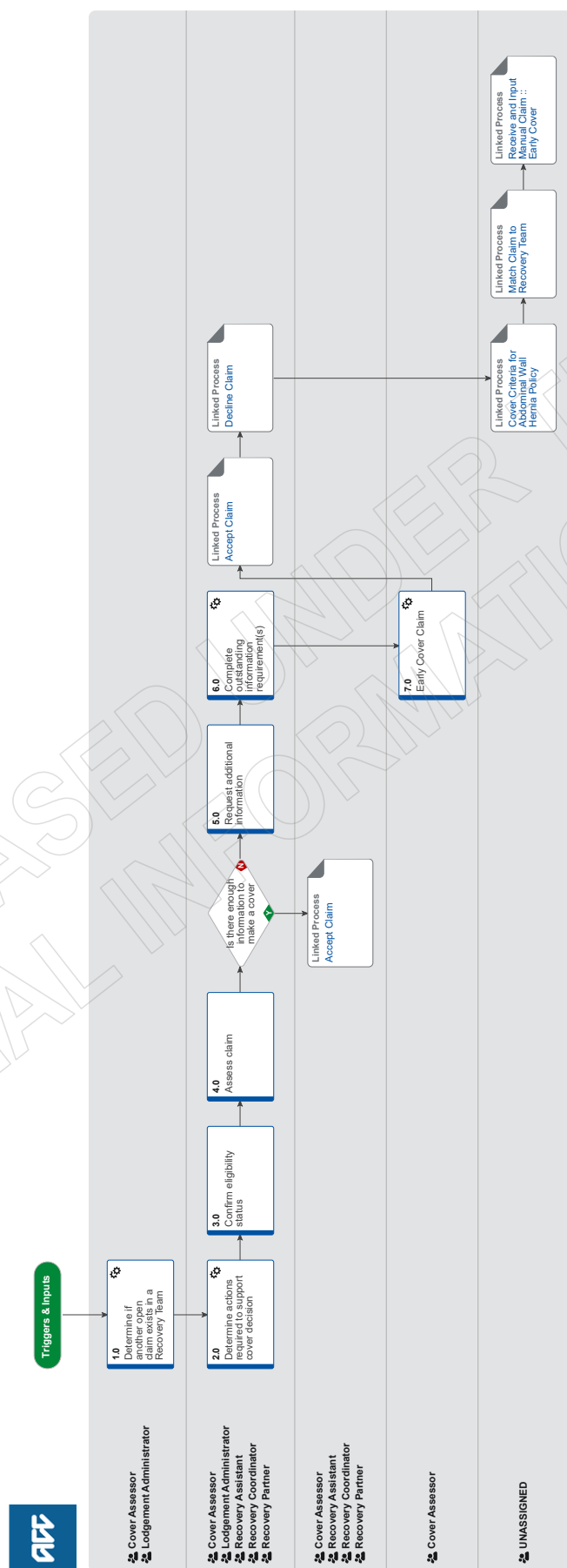
Ngā mihi



Sara Freitag

Manager Official Information Act Services

Government Engagement



Summary

Objective

To review claim information and determine what the cover decision should be, where the Cover Decision Service has not been able to accept the claim.

this process does not apply to the Remote Claims Unit, Te Ara Tika or any specialist teams (Hearing Loss, Dental, Treatment injury etc.).

Background

Eos sends a Confirm Cover Decision task for someone to make a manual cover decision. This task type will include a Cover Decision Required information requirement and one or more of the following cover decision information requirements:

- Cover Assessment Required
- Check Eligibility - Overseas
- Check Eligibility - Dates
- Case Alias Check Required

The task may also include information requirements for information only, such as Address Invalid, Client Address Matches Previous Home Address.

Global
Process
Owner

Global
Process
Expert

Variation
Expert

[Out of Scope]

Procedure

1.0 Determine if another open claim exists in a Recovery Team

Cover Assessor, Lodgement Administrator

- a** In Eos, check for any open claims.

NOTE How do you check there is an active managed claim?

The yellow indicator on the General Screen shows the client has an active managed claim.

NOTE What if there is an active managed claim?

Go to Match Claim to Recovery Team.

End of Process.

 **PROCESS** Match Claim to Recovery Team

2.0 Determine actions required to support cover decision

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Open the [Confirm Cover Decision] task.

 Do a task with information requirements

- b** Review the outstanding information requirements to identify what aspects of the claim need to be resolved.

NOTE What if you need to contact the client or provider at any stage during this process?

Ensure you resolve as many outstanding requirements in a single contact as possible.

NOTE What if this is a mandatory data request for a DHB.

Use the Provider Spreadsheet.

Do not use this contact list if you are requesting medical notes via a PO. Provider spreadsheet is used purely for mandatory data requests only.

 Provider Spreadsheet

NOTE What if the claim is for a hernia?

ACC covers a sudden abdominal wall rupture caused by an accident. The force of the accident should be such as to tear through the layers of the abdominal tissues. The hernia protrudes through the rupture but the covered physical injury in these cases is the rupture and not the hernia.

The most common type of hernia is located in the groin region. This is known as an inguinal hernia, and about 80% of hernias are inguinal. The diagnosis of an inguinal hernia caused by an accident is partially made on the basis of an early presentation following the event, unless there are extenuating circumstances. An early presentation means a client sought medical attention and was diagnosed with hernia by a medical practitioner or nurse practitioner within 10 days of the event.

Significant groin pain due to an event is one important indicator when causation of an inguinal hernia is being considered. The other indicators are:

- the event involved an unusual, sudden, unexpected force, as opposed to a controlled movement - these hernias are typically associated with handlebar or lap seatbelt injuries, or crushing of the abdomen
- the client ceased activity due to the groin pain caused by the event
- there is no prior history of a non-traumatic inguinal hernia on the same side
- the clinical examination by the medical practitioner or nurse practitioner confirms pain, tenderness, and a lump in the groin region.

If cover has been requested for an inguinal hernia, call the client and complete the 'ACC6261 Cover Assessment - Initial Call Summary - Hernia' script (This version contains criteria at the bottom of the document to help you assess cover). If you're unable to reach the client on the phone, post the ACC6261 Cover Assessment - Questionnaire to client - Hernia script to the client and have them complete it that way. (This version does not contain the criteria as the client does not need to see this).

For all other hernia's please refer to the 'ACC7913 Primary Abdominal Wall Hernias, Including Groin Hernias - A Guide to ACC Cover' document for further guidance.

-  ACC6261 Cover Assessment - initial call summary - hernia
-  ACC6261 Cover Assessment – Questionnaire to client - Hernia
-  ACC7913 Primary Abdominal Wall Hernias, Including Groin Hernias - A Guide to ACC Cover.pdf

NOTE Has the client been sent an automatic electronic notification advising them that we've received their claim?

In general, when a claim is held and sent for a manual cover decision to be made, the client is automatically sent an electronic notification advising them that we've received their claim and are considering it. You can check the [Contact] tab to see whether this notification has been sent.

NOTE What are the scenarios when this automatic electronic notification isn't sent?

Automatic claim notification isn't sent if the:

- Client is managed by the Remote Claims Unit or Te Ara Tika branch
- Claim type is Sensitive or Fatal
- Client is deceased
- Client is under 16 years old
- Client has a Safe Contact on their party record
- [Stop Notification] attribute on the client party record is set to [Yes]
- Claim is for a serious injury (determined by the injury diagnosis code)
- Outstanding Case Alias Check Required information requirement is there
- Client has an invalid mobile number.

If the client's mobile number is invalid, a [Notification] task will be created but cancelled automatically. For all other scenarios above, no [Notification] task will be created.

NOTE What if you're related to or know the client or any of the other parties associated with the claim?

Then you must not make a cover decision for the claim. Transfer the task back to the department it came from and include the reason for the transfer.

- C** Check if the claim has the default provider ID: J99966.

NOTE What if the claim has the default provider ID?

- Check if there's a contact on the claim that states the diagnosis is outside provider competency.
- If there is, then resolve the provider competency issue before you continue with this process. Go to Resolve Provider Competency process below to do this and start at step 3.0 of this process.

#Workaround: Resolve Provider Competency WORKAROUND process is required because Eos raises the Provider Competency Issue information requirement before the cover decision service has run. As registration is incomplete at this stage, a Lodgement Administrator cannot add a purchase order to the claim, which is needed to complete the process. They must add a default provider to the claim to get it through the cover decision service where registration becomes complete. We'll need to create a standard Resolve Provider Competency Issue process if changes are made in Eos to only raise this IR after the cover decision service has run (or if admin staff are given permission to enter the default provider ID and suppress this IR before the cover decision service has run).

 **PROCESS** Resolve Provider Competency Issue

NOTE What if claim type or claim type tick needs to be added or changed?

If after or during assessment it is determined that the claim type tick needs to be changed or added, you can update on the general tab under claim type. Click edit and tick the relevant box.

NOTE What if claim is determined to be a Treatment Injury Claim

Add TI (Treatment Injury) tick in EOS General screen and transfer claim to Treatment injury administration queue

NOTE What is claim is an Early cover Application via Early Cover Inbox

Go to step 7.0

NOTE What if claim is a Maternal Birth Injury PICBA claim?

If this is a Maternal Birth Injury claim, transfer it to MBI queue.

3.0 Confirm eligibility status

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check if one or both of the following information requirements are outstanding:

- Check eligibility - dates
- Check eligibility - overseas

NOTE What if one or both of these information requirements are outstanding?

They must be completed before you continue with this process. Go to the Verify Claim Information process below to do this.

 **PROCESS** Verify Claim Information

NOTE What if you've completed the information requirements and determined that the client is not eligible for cover?

If the client is not eligible for cover, then you must decline the claim. Go to step 6.0 Complete outstanding information requirements to complete the information requirements and then decline the claim.

4.0 Assess claim

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Review criteria for cover by reading the policies linked below.

-  Cover criteria for personal injury Policy
-  Cover for visitors to New Zealand Policy
-  Cover for injuries suffered outside New Zealand Policy
-  Criteria for injury occurring outside New Zealand Policy
-  Eligibility of late claims Policy
-  Mental Injuries Policy

NOTE What if it's a change or additional diagnosis?

In addition to the cover criteria outlined in the linked policies, you need to consider

- how much time has passed from the date of lodgement and the date of the accident?

If the new injury would generally have a short recovery period yet the request to add the diagnosis is made sometime after this period, seek clinical advice.

- what are the differences between the original diagnosis and the new diagnosis?
- how likely that the described accident caused new injury?
- how likely that the underlying conditions (if any), gradual process or ageing caused new injury?

b Consider if you have enough information to assess claim against the cover criteria. Review the traffic light for cover decisions, Lodgement Administrators to review information in the Registration Reference Book to help determine this and relating documents below.

-  Claims Assessment Traffic Light
-  Complex Regional Pain Syndrome (CRPS)
-  Guidelines for accepting cover for Concussion

NOTE What information do you need to consider for the change or additional diagnosis request?

- the date of claim lodgement, the date of the accident and the date we received the request to change/add diagnosis
- the original diagnosis and the new diagnosis
- the description of the accident
- the information on daily activities, age and pre-existing health conditions if applicable
- medical evidence; eg clinical notes, specialist reports and correspondence, x-ray, MRI and other scan results if applicable

NOTE What if the claim is for hernia?

For an Inguinal Hernia contact the client and complete the ACC6261 Cover Assessment - Initial Call Summary - Hernia document. If unable to contact the client or client would like to complete by themselves you can post the ACC6261 - Cover Assessment - Questionnaire to client - hernia to the customer along with CVR12. (Please note there is a difference between the two forms).

For other type's of hernia please refer to the 'ACC7913 Primary Abdominal Wall Hernias, Including Groin Hernias - A Guide to ACC Cover' document for further guidance.

 **PROCESS** Cover Criteria for Abdominal Wall Hernia Policy

-  ACC6261 Cover Assessment - initial call summary - hernia
-  ACC6261 Cover Assessment - Questionnaire to client - Hernia
-  ACC7913 Primary Abdominal Wall Hernias, Including Groin Hernias - A Guide to ACC Cover.pdf
-  Requesting clinical records from District Health Boards
-  Contacts for requesting District Health Board clinical records
-  Timeframes to determine cover (Policy)

C Review all information and determine whether the claim meets the criteria for cover.

NOTE What if the claim does not meet the criteria for cover?

Go to the Decline Claim process.

 **PROCESS** Decline Claim

? Is there enough information to make a cover decision?

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

YES....  **PROCESS** Accept Claim

NO.... Continue

5.0 Request additional information

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Determine who can provide the additional information and request them to submit the information.

NOTE What if you need to ask the client or provider for additional information at lodgement?

Go to 'Contact Client or Provider for Information at Lodgement' process.

 **PROCESS** Contact Client or Provider for Information at Lodgement

NOTE What if you require clinical records?

Review the Request medical or clinical records Policy.

Go to 'Request Clinical Records' process. Note that you need to use MD09 PO code for GP and allied health professionals' notes.

If you require clinical records from DHB, go to point 3.1 in the process 'Request Clinical Records'.

 **PROCESS** Request Clinical Records

-  Request medical or clinical records Policy
-  Requesting clinical records from District Health Boards
-  Contacts for requesting District Health Board clinical records

NOTE What if you require clinical advice?

Go to 'Seek Internal Guidance' process for Tier 1 and Tier 2 advice.

 **PROCESS** Seek Internal Guidance

NOTE What if a client or provider cannot provide the requested information?

Decline claim due to a lack of information. Go to step 5.0 to complete the information requirements and then to 'Decline claim' process.

 **PROCESS** Decline Claim

b Determine if the cover decision timeframe needs to be extended.

NOTE How much time do you have to make a cover decision?

You have 21 days to make a cover decision on non-complicated claims from the date ACC received a request, and two months to make a decision on complicated claims from the date ACC received a request.

Refer to the Timeframes to Determine Cover Policy for complicated and non-complicated claim definitions, and more information.

-  Timeframes to determine cover Policy

NOTE What if the cover decision timeframe needs to be extended?

Go to 'Extend Cover Decision Timeframe' process.

 **PROCESS** Extend Cover Decision Timeframe

NOTE How to request information from NZ immigration (Customs/PAX)

When requesting information around a clients international movements from NZ immigration - Also referred to as Customs or PAX movements, When requesting information around a client's international movements from NZ immigration - Please obtain a signed ACC6300 from the client to attach with the request and include the following blurb: "I am currently considering a request for ACC cover and I need to confirm (x travel dates) for the following person: (client's details).

I've attached a signed copy of the ACC6300 "Authority to Collect Medical and Other Records" form, in which the client authorises ACC to collect information to determine what support ACC can provide.

This request is in line with Principle 2(2)(c) and disclosure is in line with Principle 11(1)(c) of the Privacy Act 2020."

6.0 Complete outstanding information requirement(s)

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Update the Cover Decision Required information requirement to [Complete] and also update the Cover Assessment Required information requirement to [Complete] if it's present on the claim. Ensure all Outstanding information required tasks are complete on the claim.

 Complete information requirement

- b** Clear Information required Tab in EOS and associated tasks

- c** Check if there are any outstanding information requirements for missing information.

NOTE What if there's one or more outstanding address-related information requirements (Address is Invalid, Client Address Matches Previous Home Address, Client Already Has an Address Starting Today, Client Already has a Post Address Starting Today)?

These should be completed before continuing with this process.

Go to Update Client Address process before continuing to step c.

 **PROCESS** Update Client Address

NOTE What if there's an outstanding Phone Number Verification information requirement?

This should be completed before continuing with this process.

Go to Update Client Phone Number process before continuing to step c.

 **PROCESS** Update Client Phone Number

NOTE What if there's an outstanding Vendor Status Removed or Facility Status Removed information requirement?

This should be completed before continuing with this process.

Go to the Resolve Provider, Vendor or Facility Status Issue process before continuing to step c.

 **PROCESS** Resolve Provider, Vendor or Facility Status Issue

- d** Check if there's an outstanding Case Alias Check Required information requirement.

NOTE What if there's an outstanding Case Alias Check Required information requirement?

This must be completed before continuing with this process. Go to the Identify and Link Duplicate Claims:: Case Alias IR process before continuing to Accept Claim process.

Note: A claim can only be assessed as a potential duplicate once the cover decision has been determined, as the cover decision must match the original claim for it to be considered a duplicate.

 **PROCESS** Identify and Link Duplicate Claims :: Triggered by information requirement

7.0 Early Cover Claim

Cover Assessor

- a** Review the Early Cover Service information within the Traumatic Brain Injury Residential Rehabilitation service page in Promapp (If necessary).

 Traumatic Brain Injury Residential Rehabilitation (TBIRR) Service Overview Service Page
<https://au.promapp.com/accnz/process/fc562909-fc94-49ae-b98d-0921f978338f>

- b** Open the Early Cover Inbox and access the Early Cover request including the ACC7422 form.

- c** Read the email content and any attachment(s). Mark email as In progress in Outlook.

- d** In Eos, confirm that the claim hasn't yet been registered. Check for ACC45 / NHI / Client name. If the claim is not registered, forward the email and attachments to the Registration Inbox. Mark the Email as High priority & URGENT EARLY COVER in the Subject line.

If we have enough information via the early cover documentation to support / provide cover, we can ask that lodgement accept the claim after registration & stream to Supported recovery / NGCM. If we need more information, ask that the lodgement team to Hold the claim to Cover Triage Q.

If we need more information - such as ED admin notes, ask that the lodgement team to Hold the claim to Cover Triage Q. Depending on the information provided from the DHB, If you are unsure the claim can be accepted for cover – Seek Hot line guidance from MA. Not All early Cover claims will require MA input or further notes.

If required – depending on the severity of the injuries & client status notifications, letters can be suppressed. Please ensure this is Noted in your claim accept contact on the claim & NGCM team are aware.

Example:

Good Morning / Afternoon

Can you please have the attached registered for client for Early Cover. Injuries can be covered given the Accident details. Please accept cover & Stream this claim to NGCM for assistance request.

Thanks

Or

Good Morning / Afternoon

Can you please have the attached registered for client for Early Cover. Please hold this claim to Cover Triage as further information is required, can you please advise when this has been done.

Thanks

When the claim has been registered & transferred to the Cover Triage queue, pick up the claim, transfer to your name & action requests for medical pick up the claim & Request medical notes from the DHB as per Assess claim for cover PICBA process. Ensure Notes are requested Urgently.

Please note if needed – depending on the severity of the injuries & client status notifications, letters can be suppressed. Please ensure this is Noted in your claim accept contact on the claim & NGCM team are aware.

NOTE What if the diagnosis on the ACC7422 doesn't include a read code

The claim must have a read code for the diagnosis for the claim to be lodged. The Cover Assessor should search for an appropriate read code by either asking the provider, or by searching in the readcode finder tool. If an exact match is not able to be found, the cover assessor should look to add a read code for a lesser/ more general diagnosis (eg if the diagnosis on the ACC7422 is for a brain bleed in a specific area, but there is no matching read code, the Cover assessor may request the claim lodged with "head injury" when sending through to lodgement)

- e** If able to accept claim, Update claim status and Follow Match Claim to Recovery Team.

**** NOTE** - Early cover claims are to be matched to SUPPORTED or PARTNERED recovery. Not Assisted or Enabled.

 ACC7422 Early cover application form

NOTE What is claim is registered and currently managed by recovery teams

If the claim is allocated to a case owner in supported or partnered recovery – File away the Early Cover documents, email the staff member to advise early cover application has been received & to consider any further assistance or Injuries and transfer the claim to the case owner in supported or partnered recovery.

NOTE What if the claim has already been registered?

File away the early Cover application form & name documents on EOS i.e. CT Scan / Ambulance Reports

If the claim is held, check all injuries both in EOS & on the early cover documents are able to be covered with the information provided from the DHB – some may require full medical notes (Urgent) – refer to Assess claim for cover / PICBA process.

If required – depending on the severity of the injuries & client status notifications, letters can be suppressed. Please ensure this is Noted in your claim accept contact on the claim & NGCM team are aware

If the claim is in Actioned cases – check all injuries are covered, add any additional injuries to the claim from the information we hold. Re-check / Re-run the EMS tool & stream to appropriate NGCM Team – most transfer to supported recovery.

NOTE What if the claim hasn't been registered and no claim form is attached to the request?

Email the provider back, marked as high priority asking them to provide Relevant Information, ACC45 – as well as CT Scans / ACC18 / Ambulance information / ED notes etc. Note Some staff who complete the Early Cover forms at the hospitals are unable to access full notes so medical notes request will need to be actioned (Assess claim for cover – PICBA – Marked as Urgent)

NOTE What if the ACC45 has previously been used?

If the ACC45 has been previously used (Not for the current client) & dummy claim number is to be allocated – Forward the email to Hamilton Registration inbox as Lodgement will need to allocate a new number & register the claim. Refer to Start of Step D.



Client searches



Guide to completing the new ACC early cover referral form FINAL.dotx



PROCESS

Accept Claim

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner



PROCESS

Decline Claim

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner



PROCESS

Cover Criteria for Abdominal Wall Hernia Policy

UNASSIGNED



PROCESS

Match Claim to Recovery Team

UNASSIGNED



PROCESS

Receive and Input Manual Claim :: Early Cover

UNASSIGNED

Summary

Objective

The Cover Decision Service automatically assesses a claim to determine whether it is a straightforward injury (such as Personal Injury Caused by Accident (PICBA)) that can be automatically accepted, or whether it needs to be referred to staff to assess and make a cover decision. The cover decision is informed by the scores produced by statistical models and business rules.

The Cover Decision Service features two models: one to predict the probability of acceptance and a second to predict case complexity.

The models have been built using anonymised data from claims registered over a 7-year period. Thresholds are applied to the model scores to control the volume of qualifying claims.

These decision models are applied to all claim types, even those which business rules specify must be held for decision. This keeps the process consistent and ensures the models can calculate scores for special claim types, should the business rules change in future.

Background

Rationale/Reason for Business Decision:

ACC receives and processes approximately 2 million claims each year; 80% of these claims are submitted electronically. Around 90% of claims are accepted for cover at the registration stage and the majority of these are simple low-touch claims that do not require on-going management.

Prior to automation there was a dependency on manual data entry and review for cover decision. Automating some of this activity improves the speed and consistency of registration, and enables prompt communication of claim receipt and/or cover acceptance to clients and treatment providers.

Owner

[Out of Scope]

Expert

Policy

1.0 Requirements for determining a cover decision

a To make a cover decision, the Cover Decision Service needs to meet the requirement as described in the following rules.

-  Who can make cover decision
-  Cover decision service components
-  Cover decision service information required
-  Cover decision: mandatory information requirement

b For more information about the mandatory information needed for a cover decision see the rules listed at the link below.

-  Mandatory information requirements for a cover decision (EBR portal search results)

2.0 Cover Decision Service outcomes

a The Cover Decision Service can only accept or hold a claim for further action, as described in the following rules.

-  Cover decision outcomes by the cover decision service
-  Accepted cover decision determined by cover decision service
-  Held cover decision determined by cover decision service
-  Held cover decision: cover decision information requirements
-  Determination of the conversion probability

3.0 Probability of Accept (POA) model

a The Probability of Accept (POA) model predicts the likelihood that a claim would qualify for acceptance of cover.

b For more detail see the related business rules below.

-  Probability Score
-  Probability of accept variables
-  Probability of accept score calculation

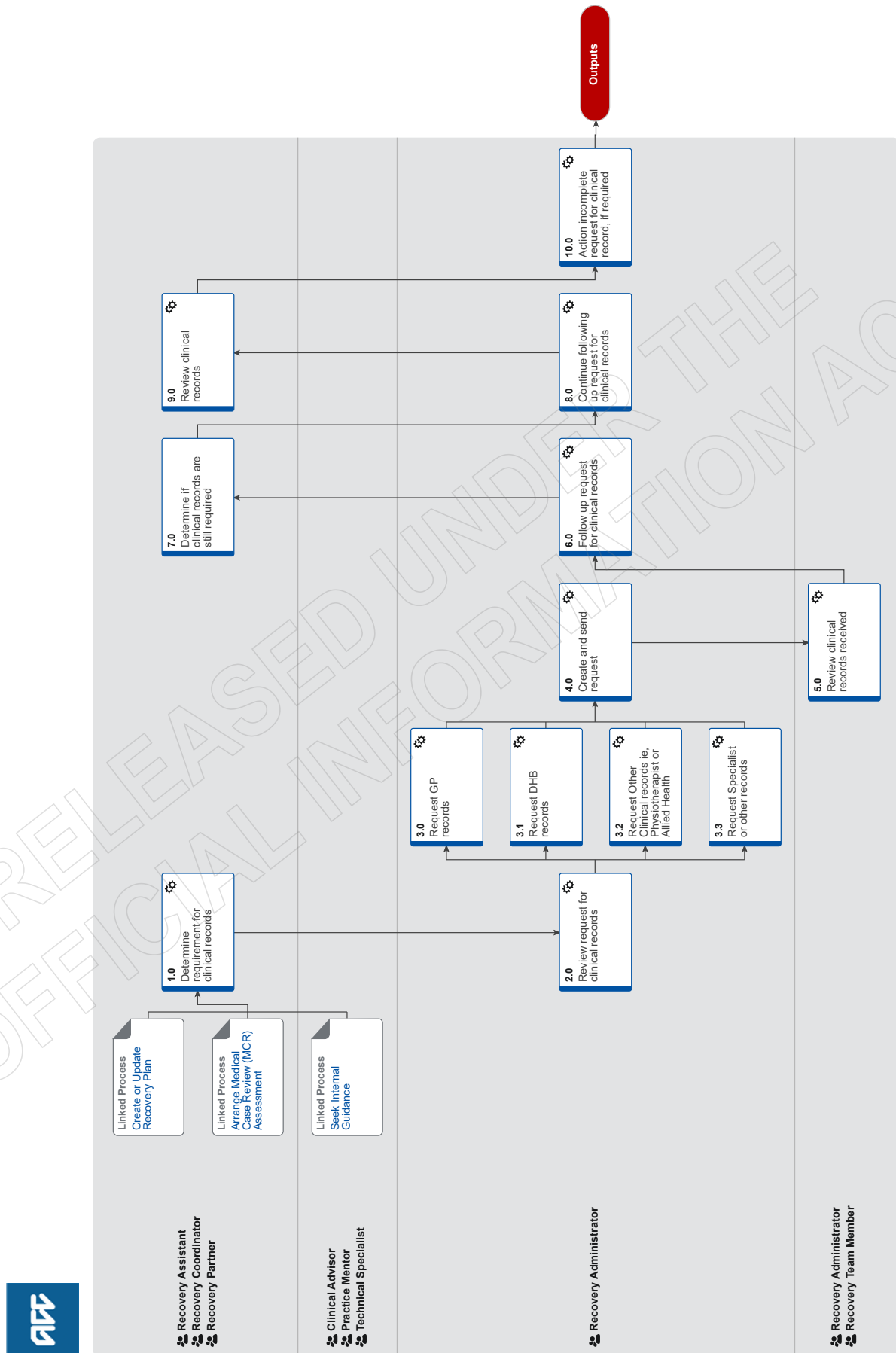
-  Probability of accept score variables
-  Probability of accept sub-total calculation
-  Probability of accept determined for each diagnosis
-  Age of client at claim lodgement
-  Lodgement delay score calculation
-  Time since last declined cover decision
-  Cover Assessment Required
-  Total Keyword Score

4.0 Case Complexity model

a The Case Complexity model predicts the complexity of a claim based on predicted costs. This model has been built using historic treatment and entitlement cost data.

b For more detail see the related business rules below.

-  Case complexity components
-  Case complexity score variables
-  Complexity cost per diagnosis
-  Past payments complexity score
-  Complexity score calculation
-  Case complexity sub-total calculation
-  Complexity cost calculation



Summary

Objective

To request medical or clinical records from a client's vendor, so that we have enough information to make a cover, support or treatment decision.

Background

ACC must request medical or clinical records from a client's vendor if we don't already have enough information to make a cover, support or treatment decision. ACC can ask external vendors, including General Practitioners (GPs), District Health Boards (DHBs) and specific treatment vendors (such as physiotherapists or chiropractors) to provide ACC with medical or clinical records related to the case.

Client medical or clinical records help in a range of situations. They:

- help inform cover, support or treatment decisions
- provide further information about the injury, client and diagnosis
- help develop the rehabilitation plan
- help identify and manage any risks.

Each time we request information about a client or a claim, the client should be aware of the request and why we need the information.

Owner

[Out of Scope]

Expert

Procedure

 PROCESS**Create or Update Recovery Plan**

Recovery Assistant, Recovery Coordinator, Recovery Partner

 PROCESS**Arrange Medical Case Review (MCR) Assessment**

Recovery Assistant, Recovery Coordinator, Recovery Partner

 PROCESS**Seek Internal Guidance**

Clinical Advisor, Practice Mentor, Technical Specialist

1.0 Determine requirement for clinical records

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check the claim for information already on the claim, before proceeding.**b** Determine what type of medical or clinical records you need to obtain by referring to the links below.

-  Best Practice Guidelines for requesting medical notes
-  Request medical or clinical records Policy
-  Summary of the Health Information Privacy Code Policy
-  Personal Information Requests Policy

NOTE What if you require notes from Oranga Tamariki?

Use the below link.

 **PROCESS** Request and Obtain External Agency Records**NOTE What if you need to request records from New Zealand Police?**

Use the below link.

 **PROCESS** Request and Obtain External Agency Records**NOTE What if you need clinical or medical records from a DHB?**

Check if the reason for requesting the records aligns with one or more of the scenarios for requesting District Health Board (DHB) clinical records

-  Scenarios for requesting District Health Board clinical records - Reference

NOTE What if the information request is for a prison facility?

you will need to know the current/last facility the client was held.

you must contact them first to confirm they hold the records and confirm the vendor number and email address to send the information request
then follow the GP request

NOTE What if you need to obtain Specialist records or High Tech imaging?

Specialist notes or High Tech Imaging contracts require them to send through their reports within 5 working days of the patient consultation. Only submit a request for these records if it has been more than 5 working days and they have not been received. A Purchase Order is not required for these requests.

NOTE What if you need notes for GP MRI referrals?

Use the below link.

 **PROCESS** General Practitioner Referred MRI (GPMRI) Service Page

NOTE What are the timeframes for receiving information?

If you are requesting information from a DHB, the timeframe is:

- non-urgent request – 21 working days
- urgent request – 6 working days

If you are requesting information from a non-DHB (GP, Medical Centre), the timeframe is:

- non-urgent request – 11 working days
- urgent request – 6 working days

- C** In Eos, in the Consent tab of the Recovery Plan, check if the client has provided authority to collect medical and other records from third parties or has an ATA in place.

NOTE What if there is no authority on the client's claim, or the authority has expired?

Refer to the NG GUIDELINES Obtain Verbal or Written Authority for guidance.

If an ACC6300 is needed, Go to the Obtain Client Authority to Collect Information process.

 **PROCESS** Obtain Client Authority to Collect Information

 ACC Guidelines to obtain verbal or written authority

NOTE What if you need notes older than 2 years or more? or if there are multiple claims for the client?

To ensure ACC only collects information relevant and necessary for decision making, we need to communicate with our clients to determine a timeline for which to collect medical records.

To help guide your conversation with the client to establish a timeline of their engagement with mental health services, organisations and Primary Health Care services, please consider asking the client the following questions:

- Have you spoken to your Doctor about any concerns with being unable to sleep, stress or anxiety?
- Have you spoken with any health care professionals such as Doctors or organisations about the assault and support?
- When did you first engage with these health care professionals or organisations? DD/MM/YYYY or a rough estimate eg June 2018 is sufficient
- Confirm the client is happy for ACC to collect these clinical records from the date of DD/MM/YYYY to assist in ACC making a cover decision and support decisions on ongoing entitlements and support?

If, following your conversation with the client, you're unable to determine a specific period to request clinical records, then up to 2 years of Clinical Records can be requested as a reasonable timeframe.

If there is a clear reason that 2 years is likely to be insufficient, we can collect up to 5 years if rationale exists that we are reasonably likely to need this. ACC will then be able to determine, once the information is received, whether we have sufficient information for the purpose we requested it. In all instances, it is essential to consult and confirm what information ACC intends to collect, with the client.

At least one claim must have a signed Authority to Collect information (ACC6300) within the current year. Discuss with the client if you need to request information not already on file. Document their verbal authority.

NOTE What if you are requesting Mental Health notes?

Before requesting Mental Health notes a signed ACC6300 Authority to collect information must be on the file. (Received within the last 12 months)

NOTE What if you need notes where a client has an active claim, but you require notes for other claims for the same client that are inactive?

Check the other claims for information before proceeding to request information.

Request for notes on Multiple claims, but to one provider, Task on active claim noting all claim numbers

Request for notes on previous claims:

The task should be created on the active claim (if no active claim, task on the claim you need) in the task, note which claim number you need clinical notes for and add the vendor as a participant on claim

- d** Check that the client has been seen by the Vendor you are requesting records from for this injury/claim.

NOTE What if the Provider is under contract?

To check to see if a Provider is under contract, search via MFP, if under contract a purchase order is not required.

When completing the e-form, in the 'Purchase Order Number required' drop down box, select 'No'.

NOTE What if the client has been seen by (including but not limited to) a Specialist or Surgeon at a Private Hospital?

Contact the Specialists rooms to confirm where this request should be sent. Eg. Private Hospital or Specialists rooms. Add the specialist name to the request for information.

NOTE What if the claim is for a client with a Mental Injury?

If you are requesting mental health records from any of the following providers, you must contact them first to confirm they hold the records and confirm the email address to send the information request:

- GP records - Please confirm the name of the Doctor they saw. If there are multiple names, preferably list the most recent one. If the Doctor is a locum of the Practice, please provide a name of someone who is registered at the practice. The request will be made under their name instead.
- Physiotherapist or Allied Health providers
- Specialist or other records
- Mental Health Services or programmes which could be funded through Primary Health Organisations or Non-Governmental Organisations

Ensure a contact action is used to record this conversation.

If the email address provided has not been verified, go to Verify Provider and Vendor email addresses then return to this process.

DHB's and Oranga Tamariki are the exception to this as we are not able to verbally confirm that they hold information. If requesting from a DHB, follow the usual process. If requesting from Oranga Tamariki, use below link.

 **PROCESS** Request and Obtain External Agency Records

- e** In Eos, check the correct Vendor is entered as a participant on the claim.

NOTE What if the Vendor hasn't been added as a participant?

Add the Vendor as a participant to the claim

NOTE What if the provider has not been set up as a Vendor?

In MFP, confirm the provider is not a Vendor.

Contact the Vendor to confirm they hold the records and confirm the email address, physical address and contact phone number for follow-up.

In the task to Recovery Administration - note the use of Vendor ACC Default J99966 & above information

 Manage Participants

- f** In Eos, add a NGCM - Information Requests activity and complete as per the Requesting Clinical Records system steps.

 Requesting Clinical Records

NOTE What if the information request is no longer required?

Cancel the following tasks:

- NGCM - Information Request
- NGCM - Follow up Requested Information
- NGCM - Continue to Follow up Requested Information
- NGCM - Incomplete Information Request task
- NGCM - Follow up Request for Clinical Records

This will remove the tasks from the Recovery Admin Queue (do not close the task or place a comment on the task asking for the task to be closed).

 Cancel a task

- g** Complete the eform with all the relevant information and instructions for Recovery Admin to action.

NOTE What if the information request is for a GP Practice, 24-hour surgery or 24-Hour Medical Centre?

Please indicate the name of the Doctor they saw. If there are multiple names, preferably list the most recent one. If the Doctor is a locum of the Practice, please provide a name of someone who is registered at the practice. The request will be made under their name instead.

NOTE What if the information request relates to notes needed to make a cover decision?

Edit the task and change the priority to 'High'.

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

When creating your task, add title in task description PHYSICAL INJURY NOTES ONLY, not in the request Eform - then complete the eform with all the relevant information and instructions for Recovery Admin to action.

Include: List the diagnoses that you would like notes on and the name of the most recent Doctor who treated them at the facility. If the ACC45 has sensitive material, we will need to have a current ACC6300 to proceed.

NOTE What information do you need to include in the information request task?

Refer to the 'Referring Tasks to Recovery Administration - Principles'. Ensure you record all claims numbers you are requesting notes on if requesting notes on more than one claim.

 Referring Tasks to Recovery Administration - Principles

NOTE What if the request for clinical notes is from a DHB?

Refer to 'Contacts for requesting District Health Board clinical records' to locate who to request the information from and add the DHB as a participant using the correct vendor code.

 Contacts for requesting District Health Board clinical records

NOTE What if the Vendor is a DHB?

In the NGCM - Information Request, note that the client's ACC6300 needs to be sent with the request. (Received within the last 12 months)

NOTE What if the request is for hard materials?

Clearly state in the task description "Hard materials [type of material] required from [provider] to be sent to [your address]".

NOTE What if you are requesting medical notes for multiple claims from the same vendor?

Note the following in the task:

- Specific "from" and "to" dates.
- If you are requesting additional notes for a claim from the same vendor, to avoid duplication check the from and to dates on the previous request.

For example: 1st request for medical information "from" date is 21/06/2019 to 21/08/2019 (Present date in which the purchase order was created). Next request will go "from" 21/08/2019 "to" 21/10/2019.

NOTE What if you are requesting information prior to seeking internal guidance or information has been requested by an advisor?

Request the additional information using the Request Clinical Records process above. Then extend the target date of the clarification task to later than the due date of the medical notes task. Ensure you update the clarification task description to reflect you have requested additional information.

- h** Add a note in the Recovery Plan, under the appropriate Life Area recording the reason for the information request.

2.0 Review request for clinical records**Recovery Administrator**

- a** Upon allocation of the 'NGCM - Requested Information' task in Salesforce, open the associated task in Eos and select [Do Task] from your task queue.

- b** Review the task to check Recovery Team member has provided the name of the Vendor.

NOTE What if the information needed is from overseas?

Use Vendor ID: ACCCOMP

edit the letter: remove the ACC address and add vendor name and address copy and paste from the task then Go to activity. 3.0 for codes and letters

NOTE What if the name of the Vendor hasn't been provided in the task?

The Vendor details should be included in the task. If the details are missing, contact the requestor for the information and ask them to add as a Participant on the claim.

NOTE What if the vendor has not been added as a Participant on the claim?

The Recovery Team member should be adding the vendor as the Participant on the claim. but if this has not been completed, contact the Recovery Team Member asking them to add the Vendor as a participant before creating the purchase order

NOTE What if the vendor is noted as Vendor ACC Default J99966?

Some records may be requested from Vendors who are not set up as an ACC Provider. In this case, the Vendor Default of J99966 is used.

edit the letter: remove the ACC address and add vendor name and address copy and paste from the task

NOTE What if the request is for medical notes for multiple claims?

When requesting notes on Multiple claims, but to one provider, the Purchase Order is created on the active claim; all claims numbers should be listed in the letter.

Request for notes on previous claims:

When requesting notes on a previous claim, the task should be received on an active claim which notes the claim number the notes are needed for. Purchase Order and request letter should be completed on the previous claim number. Close the request task- this will create a follow up task, edit this follow up task with the previous claim number the Purchase Order was created on.

- c** Check the task to determine if you need to generate a Purchase Order.

NOTE What if you don't need to create a Purchase Order?

Go to Activity 4.0 (d) Create and send request.

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

Follow the task template for physical injury records request, use NGCM Email template.

Make no mention of any mental injuries.

We are not requiring mental health notes, do not add this.

- d** Identify the vendor type for the information request.

NOTE What if the information request is for GP records?

Go to Activity 3.0.

NOTE What if the information request is for DHB records?

Go to Activity 3.1.

NOTE What if the information request is for private hospital records?

If PO needed Go to Activity 3.0. if no PO is needed Go to Activity 3.3.

NOTE What if the information request is for Physiotherapy records?

Go to Activity 3.2.

NOTE What if the information request is for Specialist records?

Go to Activity 3.3.

NOTE What if the request is for Oranga Tamariki?

Use the below link.

 **PROCESS** Request and Obtain External Agency Records

NOTE What if the request is for hard materials?

If the request is for hard materials (ie tooth sample), include the address of the staff member requesting it in the "How to send the requested information" section of the letter.

NOTE What if the request is for New Zealand Police

Use the below link.

 **PROCESS** Request and Obtain External Agency Records

NOTE What if the information request is for Treatment Injury claim?

Check the cover status on the General tab and Claim Type, eg Cover Status - Accept, Claim Type Treatment Injury - ticked

If Treatment Injury ticked and Held Claim, follow Request Clinical Records for Treatment Injury - linked below

If Treatment Injury ticked and accept follow 2.0 d

NOTE What if the information request is for a Maternal Birth Injury (MBI) claim?

Check the cover status on the General tab and Claim Type, eg Cover Status - Accept, Claim Type Maternal Birth Injury – ticked Follow 2.0d.

If Treatment is also ticked and claim is accepted, also follow 2.0d.

If Maternal Birth Injury – ticked & Treatment Injury is also ticked and Held Claim, follow Request Clinical Records for Treatment Injury - linked below

 Request Clinical Records for Treatment Injury

3.0 Request GP records**Recovery Administrator**

- a** View the [Add Info] tab in the task.

NOTE Can you request Clinical Records electronically via SureMed?

ACC's preferred method for requesting Clinical Records from GP's is electronically through the SureMed portal. If needed you can still request Clinical Records manually by continuing with this process.

 **PROCESS** Request GP Clinical Records - SureMed

NOTE What if there are questions to be included in the information request?

Proceed to Activity 3.0 (b) Create Purchase Order and follow the steps below.

- b** Create the Purchase Order.

 Creating purchase orders using general + QE

NOTE What information do you need to create the Purchase Order?

Choose the appropriate Entitlement Code or a combination of codes:

MEDR – (is an hourly rate for the time taken by the Medical Practitioner to prepare and review the medical notes).

COPY – (is the cost for practice admin staff to photocopy and prepare existing medical notes that may be paper based).

*If you mark the request as 'Urgent', provide the reason.

After selecting the Entitlement code(s), proceed as follows:

- 1) Rehab Action / Claim: Treatment (Search)
- 2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
- 3) Quantity Approved: MEDR - 1, COPY - up to max of 30
- 4) Frequency: Quarter
- 5) Create PO
- 6) Purchase Method: Non-Contracted.

If there are questions for the GP vendor, select the 'MD02a GP - Further info - Medical Notes - Vendor' letter. In this case, select 'In total' as the [Frequency] when raising the PO, this will ensure the document template populates the right quantity. Alternatively, manually amend the template to change quantity from 0 to 1.

- c** Approve the Purchase Order.

NOTE What if you get a Limited Payment error message when authorising the Purchase Order?

If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

- 1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
- 2) Select 'OK'.
- 3) Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

- d** Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury".
- e** Generate the MD01a GP - Further Info - Medical Notes - Vendor letter by selecting 'add documents'.

NOTE What if the request relates to a Mental Injury claim?

Refer to the admin template for what needs to be updated in the MD01a letter.

 Admin Template - MD01a GP Further Info - Medical Notes - Vendor

NOTE What if the request is urgent?

Update the sentence under the 'How to invoice ACC' with the following:
'Please forward the requested reporting within 5 days'.

When emailing add URGENT to the email subject line.

NOTE What if there are questions to be included in the information request?

Generate the 'MD02a GP - Further info - Medical Notes - Vendor' letter.

 Admin Template - MD02a GP Further info - Medical Reports – Vendor

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

Follow the task template for physical injury records request, use NGCM Email template.
Make no mention of any mental injuries.
We are not requiring mental health notes, do not add this.

- f** Text to include in letters, that haven't been updated in Eos:

Privacy

As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

3.1 Request DHB records**Recovery Administrator**

- a** View the [Add Info] tab in the task.

- b** Create the Purchase Order.

 Creating purchase orders using general + QE

 Contacts for requesting District Health Board clinical records

NOTE What information do you need to create the Purchase Order?

Use Entitlement Code DHBC.

If questions need to be answered by a DHB Specialist, use Entitlement Code: DHBR1.

After selecting the DHBC Entitlement code, proceed as follows with steps 1 – 6 as below. If you require further information, refer to the 'Creating purchase orders using general + QE System Steps' document below.

- 1) Rehab Action / Claim: Treatment (Search)
- 2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
- 3) Quantity Approved: 1
- 4) Frequency: Quarter
- 5) Create PO
- 6) Purchase method: non contracted
- 7) Choose the correct vendor. (Use the link above for contacts for requesting DHB Clinical Records).

- c** Approve the Purchase Order.

NOTE What if you get a Limited Payment error message when authorising the Purchase Order?

If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

- 1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
- 2) Select 'OK'.
- 3) Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

- d** Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury".
- e** Generate the ACC2386 - DHB (Vendor) request for copy of notes by selecting 'add documents'.

 Admin Template - ACC2386 Te Whatu Ora request for copy of notes

NOTE What if the request relates to a Mental Injury claim?

Generate the 'ACC2386 DHB request for copy of notes' letter. Using the instructions in the template modify the letter for a Mental Injury request.

 Admin Template - ACC2386 Te Whatu Ora request for copy of notes - Mental Injury

NOTE What if there are questions to be included in the request?

Generate the 'MD02c-DHB-Further Info - medical reports - vendor' letter.

 Admin Template - MD02c - DHB Further info - Medical Reports – Vendor

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

Follow the task template for physical injury records request, use NGCM Email template.
Make no mention of any mental injuries.
We are not requiring mental health notes, do not add this.

3.2 Request Other Clinical records ie, Physiotherapist or Allied Health**Recovery Administrator**

- a** View the [Add Info] tab in the task.
- b** Create the Purchase Order.

 Creating purchase orders using general + QE

NOTE What information do you need to create the Purchase Order?

Use Entitlement Code: STPR.

If you have questions requiring answering by the Physiotherapist, Osteopath, Chiropractor or Podiatrist use Entitlement Code: MEDR.

*A contracted physiotherapist may request STPR when they need to spend significant time reviewing and redacting information before sending the notes to ACC, in which case ACC should fund.

After selecting the relevant Entitlement code, proceed as follows:

- 1) Rehab Action / Claim: Treatment (Search)
- 2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
- 3) Quantity Approved: 1
- 4) Frequency: Quarter
- 5) Create PO
- 6) Purchase method: Non-contracted
- 7) Choose the correct vendor or just type in the correct vendor code.

- c** Approve the Purchase Order.

NOTE What if you get a Limited Payment error message when authorising the Purchase Order?

If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

- 1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
- 2) Select 'OK'.
- 3) Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

- d** Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury"
- e** Generate the MD01b Allied - Further info - Medical Notes - Vendor by selecting 'add documents'.

NOTE What if the request is urgent?

Under 'Services approved', update the sentence 'Please forward the requested reporting within 10 days' to 5 days.

NOTE What if there are questions you need to include?

Generate the MD02b Allied - Further info - Medical Notes - Vendor letter.

 Admin Template - MD02b Allied Further info - Medical Reports – Vendor

NOTE What if you need to fax the letter?

Generate the 'MD01b Allied - Further info - Medical Notes fax - Provider'.

 Admin Template - MD01b Allied Further info - Medical Notes – Vendor

f Amend the MD01b letter to include the 'from to dates' provided in the task by the Recovery Team member

g Text to include in letters, that haven't been updated in Eos:

Privacy

As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

Follow the task template for physical injury records request, use NGCM Email template.

Make no mention of any mental injuries.

We are not requiring mental health notes, do not add this.

3.3 Request Specialist or other records**Recovery Administrator**

a View the [Add Info] tab in the task.

b Any mention of sexual abuse or sensitive claims needs to be changed to "Mental Injury".

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only?

Follow the task template for physical injury records request, use NGCM Email template.

Make no mention of any mental injuries.

We are not requiring mental health notes, do not add this.

c Check if there is a requirement to submit questions to the vendor.

NOTE What if questions are not needed for the information request?

Proceed to Activity 4.0 (d) Create and send request.

NOTE What if the Specialist or 'other' does not have a verified email address?

If you are requesting notes from a Specialist and they do not have a verified email address, then:

1) Call and verify as the first option

2) Only if absolutely necessary (if they don't want the request emailed) create a letter to FAX as per the steps in 4.0 e Note 1.

d Create the Purchase Order.

NOTE What information do you need to create the Purchase Order?

Entitlement Code: MEDR

Entitlement Type: Intervention Medical Notes / Reports - Tmt (Quick Add)

Quantity: 1

Frequency : In Total

From date Current date

To date (3 months from current date unless otherwise stated)

Purchase Method Non-Contracted

If there are questions for the Specialist vendor, select the 'MD02a GP - Further info - Medical Notes - Vendor' letter. In this case, select 'In total' as the [Frequency] when raising the PO, this will ensure the document template populates the right quantity. Alternatively, manually amend the template to change quantity from 0 to 1.

e Approve the Purchase Order.

NOTE What if you get a Limited Payment error message when authorising the Purchase Order?

If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

1). In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.

2). Select 'OK'.

3). Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

f Generate the MD02a - GP Further info - Medical Reports letter and modify as per the task. Send an email using the Medical Notes Request Email template and modify accordingly.

 Admin Template - MD02a GP Further info - Medical Reports – Vendor

- g** Text to include in letters, that haven't been updated in Eos and to email template when no PO required:

Privacy

As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

NOTE What if the claim is for Mental Injury but requesting notes for physical injuries only

Follow the task template for physical injury records request, use NGCM Email template.

Make no mention of any mental injuries.

We are not requiring mental health notes, do not add this.

4.0 Create and send request

Recovery Administrator

- a** Edit the documents and letters:

- 1) Change the 'Staff Name' from your name to 'ACC'
- 2) Copy the document name under the 'Recipient Details' heading and paste into the Document Description' box
- 3) Untick 'Record a Contact' and then 'Next' (the document will be generated in Word for you to complete)
- 4) Complete the document using the information provided located in the 'Additional Information' tab
- 5) Check the details you have entered are correct
- 6) Save the document and close.

NOTE What if the task includes questions from a Recovery Team Member?

Refer to Send letters from Client Recovery and Claims Assessment page to confirm whose signature should be used.

 Send letters from Client Recovery and Claims Assessment

- b** In Eos, mark the status of the document as complete, and select OK.

- c** Complete privacy checks on the completed documents.

 Privacy Check Before Disclosing Information Policy

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- d** Create an email using the appropriate template and attach the document(s). Add the client's NHI at the beginning of the email subject field.

NOTE What email template should you use?

If Purchase Order created, use 'Medical Notes Request (Purchase Order)

If no Purchase Order created, use 'Medical Notes Request'

Modify accordingly.

NOTE A copy of the lodgment form (ACC45/46/42) must be sent with every DHB request, or an ACC6300 if there is one on file

NOTE What if the request relates to a Mental Injury claim?

Create an email in outlook. Copy and paste the following text and modify accordingly:

Kia Ora,

ACC have received a claim from *client first name* relating to their Mental injury.

We require Mental health information from between 00/00/0000 and present, to help us make decisions about their claim.

Our preference is to receive all documentation by email, if this is not possible just let us know.

If you have any queries, please do not hesitate to email recoveryadmin1@acc.co.nz or call 0800 735 566 Ext:87879.

Ngā mihi

 NGCM - FINAL Emailing from Eos using a Template - System Steps

NOTE What if the request is for records across multiple claims?

Send the request from the claim where the PO was created.

NOTE What if the Vendor's address has not been verified?

Go to Verify an Existing Provider, Vendor or Facility Email Address.

 **PROCESS** Verify an Existing Provider, Vendor or Facility Email Address

NOTE What if the request is URGENT?

State this clearly in the body and subject line of the email.

NOTE What if the request relates to a Mental Injury claim?

If the claim relates to a Mental Injury (e.g. stress related injuries), you will need to manually remove the injury details from the Medical Notes Admin Email template(s).

NOTE: Details of a client's physical injury won't populate on the Medical Notes Requests email templates used by Recovery Administration for Purchase Orders or non-Purchase Orders for Sensitive Claims in the Assisted or Partnered Recover teams.

NOTE What if you need to send a FAX?

Fax the requests do the following:

(A) – For users with Fax Access

1). Print/Fax the request using RightFax

2). Navigate back to Eos

3). Add a new contact stating: "MD01a [document date and time], sent via fax to: [faxnumber] on [date and time]".

(B) – For users without Fax Access

1). Create the request

2). Update the task details with "Please Fax, Vendor #, Fax #, [Document attached]"

3). Link the request to the task

4). Set the priority as 'High'

5). Transfer back to the Admin queue

For guidance on how to use RightFax refer to the document below.

 RightFax Instructions

e Perform despatch check.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

f Send the email.

g In Eos, close the task. This will automatically generate a Follow up Requested Information task for Recovery Administration.

NOTE What if Follow up Requested Information task target time is 17:00 ?

Reset the follow up task target time (between 10.00-15.00),

NOTE What if the request was set as High Priority?

Edit the Follow Up Requested Information task and set to 5 business days.

NOTE What if you were requesting records across multiple claims?

Edit the description in the follow up task to include a list of all the claim numbers and dates are requesting records for. Copy the details from the task.

5.0 Review clinical records received

Recovery Administrator, Recovery Team Member

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b Complete privacy checks.

NOTE Perform privacy checks.

We get a lot of information coming in from third parties like GPs and DHBs, and mostly that information is just what we asked for. However sometimes we get information we don't need and don't want, even information about unrelated people. Getting unwanted, excessive or irrelevant information from a third party provider isn't a privacy breach, but sending it on later very much is. We have a responsibility to make sure we only send out relevant information and to ensure that, we need to check information as it comes in – if it's not what you need or want, either return to the provider and ask them to resend, or redact the unnecessary information and delete the unredacted version.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

 Privacy Check Before Disclosing Information Policy

NOTE What if the clinical records require redacting or third-party information removed?

• Email the document for Mental Injury use recoveryadmin1@acc.co.nz; for all others use recoveryadmin@acc.co.nz.

• When emailing to Recovery Administration, provide clear instructions or highlight Document, on the information that needs redacting.

NOTE: Do not add any third-party information into the task or email because this cannot be removed in the future and tasks are provided to a client when they request their claim information. Instead state 'please remove third party information on page xx'.

c In Eos, upload the information to the claim.

 NGCM Filing Away - System Steps

- d** Update the document and contact properties with an accurate description of the information received.

NOTE What if you are a Recovery Team Member?

Locate and edit the associated 'NGCM - Follow up Requested Information' task stating clinical records have been received. Recovery Admin will update the 'Information Requested' tab and close the task.

- e** Select the 'Information Requested' tab on the Recovery Plan subcase, mark the request as 'Complete' and state 'Information Received', select OK.
- f** Close the 'NGCM - Follow up Requested Information' task stating clinical records have been received. A NGCM - Review Requested Information task will be auto generated and assigned to the Recovery Team or Individual managing the claim.

NOTE What if you receive a Review Requested Information Task and the information is incomplete?

Close the task.

Select 'Information Incomplete' and click OK.

Add the details of the information that is missing in the comment box and select a target date.

Click OK. The task will auto-route to Recovery Administration.

if NGCM - Follow up Requested Information request was set as High Priority?

after closing and creating Review Requested Information Task or the information is incomplete

Edit task to high.

NOTE What if the information requested was from overseas?

Complete an ACC5776 Request for overseas payment and email to accounts.payable@acc.co.nz

6.0 Follow up request for clinical records

Recovery Administrator

- a** Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.
- b** In Eos, check the 'Documents' tab to confirm the requested information has not been received before proceeding to contact the vendor.

NOTE What if you're unable to locate the information in the documents tab?

- 1) Check the shared inbox to see if the email has arrived but has not yet been filed away
- 2) If the information is in the shared inbox, file it away to the claim
- 3) Copy and paste the email subject line into the Salesforce search bar, opens the related task and close.
- 4) Check the client's party record under Documents
- 5) If the vendor has email ACC back with no attach notes, File away, update task with template below

Response from vendor:

See contact:

Action:

- c** Contact the vendor to follow up on the requested information. Ensure that you check what has previously been requested and only follow up the request for subsequent information (using the date ranges on the request form).

NOTE How many times do you follow up with the vendor?

*If it a SureMed request, follow the SureMed promapp pg

Make two attempts to follow up with the Vendor

Check Task date inline with below, if not, correct the target date (count from Creation Date), update the task description eg 'JL 18/09/2019 task date correction'.

DHB, the timeframe is:

- non-urgent request – 21 working days
- urgent request – 6 working days

non-DHB (GP, Medical Centre), the timeframe is:

- non-urgent request – 11 working days
- urgent request – 6 working days

1) The first attempt should be made by phoning the vendor, to confirm receipt of initial request.

• Unless you are following up a DHB request email only.(only follow up Urgent DHB notes before 20 days)

• If you are successful in contacting the vendor,
Update your task with template below:

• If leaving a message, ensure you provide sufficient details for the vendor to identify the client whose information we require, eg Client full name, NHI or claim number or ACC45 number, DOB
Update your task with template below:

When calling:

(Initials)(Date) - Follow up #

Number called:

Person who you spoke with:

Outcome:

Expected timeframe:

Notes will be sent via:

If you are unable to leave message , eg: line busy, unable to connect or no VM . Put the task on hold , try 2-3 times during the day to establish a successful contact or to leave a message . If unable to make contact, send final email (follow process 2)

• Reset the follow up task target date and time (between 10.00-15.00), if said notes already sent, push task out 3 days (giving time to be received/upload); If no timeframe, push task out 2 weeks. (10 working days)

Exceptions: If the vendor has been in touch and has asked for more time or explained their circumstances, then adjust accordingly

2) Edit the task description with below template (do not delete any information from the task)

When emailing:

(Initials)(Date) - Follow up #

Email sent to:

See contact dated:

Additional info:

Response from vendor:

See contact:

Action:

From the Documents tab in Eos, locate the original request letter that was sent to the vendor. Create new email from template and copy and paste original email (in contacts tab) add the additional content below. In the Email subject line, ensure that you include the wording 'Follow up requested information'.

"Please note, this request was originally sent on (date). To best support our clients, it would be appreciated if you could respond as soon as possible. If you did not receive this, please check your spam folder, and add our email address to your contacts list to receive future emails from our Recovery Administration Team." HealthLink account holders should send the information to the HealthLink Mailbox: ACCSPECR.

• Reset the follow up task target date for one week (5 working days)

3) If, after 1 call & 1 mail attempts, the medical or clinical records are not received from the vendor, close go to task d.

 NGCM - FINAL Emailing from Eos using a Template - System Steps

NOTE What if the vendor has advised that they no longer hold the client's records as the client has transferred to another GP practice?

Make a note of what the previous vendor has advised on the NGCM – Information Not Received task once the NGCM – Follow up Requested Information task has been closed. Copy in the relevant notes that have been left on the task for the team/RTM to follow.

- d** Close the 'NGCM - Follow up Requested Information' task.

 Information Not Received

- e** Copy and paste the task description from the 'NGCM - Follow up Requested Information' task into the 'NGCM - Information Requested not Received' task.

NOTE What other information should you include?

Include any other relevant information e.g. 'Voice Message says the clinic has closed down'.

7.0 Determine if clinical records are still required

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Review the 'NGCM - Information Requested Not Received' task to determine if you still require the medical or clinical records.

NOTE What if you no longer require the medical or clinical records?

Select the NGCM - Information Requested Not Received task. Follow the systems steps for Information not Received. This process ends.

 Information Not Received

NOTE What if you still require the medical or clinical records?

Close the 'NGCM - Information Requested Not Received' task.

In the 'Choose Next Step' screen, select option 'Continue to follow-up'.

An 'NGCM - Continue to Follow up Requested Information' task will automatically generate route to Recovery Administration Team.

8.0 Continue following up request for clinical records

Recovery Administrator

- a** Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

 Continue To Follow Up Requested Information

NOTE Set the target date and time (between 10.00-15.00) for a week after (5 working days). Exceptions: If the vendor has been in touch and has asked for more time or explained their circumstances, then adjust accordingly.

- b** Review the claim to ensure information is not on file.

NOTE What if you are unable to locate the information on file?

- Check the shared inbox to see if the notes have been received. If you have received the notes, file it away onto the claim, close the salesforce task email task and continue to 8d.
- Review if there are any correspondences to confirm why ACC haven't received the Notes. If you have identified there are correspondences, update the task with the response from the vendor, where the correspondence is and the action taken.
- If you have no correspondences or the notes are not on file continue to follow up.

- c** Contact the vendor to determine why they have been unable to provide the requested information

NOTE What if the vendor is unable to provide the requested information?

Add the response into the task to notify the Recovery Team Member. In Eos, record this conversation as a contact on the claim.

Reason: Contact with Provider
Direction: Outgoing
method of Contact: Phone

Description:
Name: (who you spoke to)
PH#:
Detail: (of the conversation)

- d** Close the 'NGCM - Continue to Follow up Requested Information' task, and select 'Information Requested Not Received'.

9.0 Review clinical records

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Confirm you have received the records requested.

NOTE What if you need help to interpret the information?

Go to the Seek Internal Guidance process.

 **PROCESS** Seek Internal Guidance

NOTE What if the records received are incomplete?

Follow the system steps below.

 Information Incomplete

- b** Perform privacy checks.

 Privacy Check Before Disclosing Information Policy

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What if the clinical records require redacting or third-party information removed?

- Email the document for Mental Injury use recoveryadmin1@acc.co.nz; for all others use recoveryadmin@acc.co.nz.

- When emailing to Recovery Administration, provide clear instructions or highlight Document, on the information that needs redacting.

NOTE: Do not add any third-party information into the task or email because this cannot be removed in the future and tasks are provided to a client when they request their claim information. Instead state 'please remove third party information on page xx'.

- c** In Eos, open the 'NGCM – Review Requested Information' task, select the option to accept records and close the task.

10.0 Action incomplete request for clinical record, if required

Recovery Administrator

- a** Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

NOTE What if the original request was submitted through SureMed

Go to Request GP clinical record- SureMed and follow step 2.0 NOTE What if information is missing?

 **PROCESS** Request GP Clinical Records - SureMed

- b** Open the 'NGCM - Incomplete Information Request' task to determine what information is missing. To view the original information request, go to the [Add Info] tab and then click on the 'Inherited' tab.

 Information Incomplete

- c** Contact the vendor to obtain the missing information.

NOTE What methods and templates do you use for this?

Call the vendor to discuss what's missing from the original request and ask if they can send the information to ACC. In EOS, record this conversation as a contact on the claim.

NOTE What if the vendor insists on an email?

Using the appropriate Eos template, email the vendor and attach the original clinical request and advise the vendor of the missing information as outlined by the Recovery Team Member in the task, and then close the task.

An email example could be:

"Thank you for sending the requested medical information on (insert date). We have reviewed the medical notes and noticed some information is missing. Could you please send a copy of (insert what information is missing here) to us at your earliest convenience. Thank you"

This will then create the NGCM - Follow up Request for Clinical Records task.

- d** In Eos, close NGCM - Incomplete Information Request task. This will then create the 'NGCM - Follow up Request for Clinical Records' task.

Check to see if it has generated a Follow Up Requested Information task.

If it has generated a follow up task, make a note on the task to specify that it is the follow up of the Incomplete Information Request task and set the task target date for 10 working days from task creation.

NOTE If it hasn't generated a follow up?

- Go to the 'Task' tab on the ACC45 Claim.
- Click on the 'Incomplete Information Request' task so it brings it up in the preview space below. Do not fully open it.
- Click on the 'Process View' tab.
- Find the blue square.
- Click the play button on the right side of the square.
- This should have generated the 'Follow Up Requested Information' task.
- Follow the steps above regarding editing the task and the target date.

- e Edit the 'NGCM - Follow up Request for Clinical Records' task and record your initials, today's date, attempt number and discussion had with the provider regarding the missing information.
 - f Go to Activity 6.0, 'Follow up Request for Clinical Records' if required.
-

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Summary

Objective

Client medical or clinical records help in a range of situations. They:

- help inform cover and support decisions
- provide further information about the injury, client and diagnosis
- help develop the rehabilitation plan
- help identify and manage any risks.

We can ask providers, including general practitioners (GPs) and District Health Boards (DHBs) to provide us with these medical or clinical records. See Requesting clinical records from DHBs. Providers who spend time preparing medical or clinical records (including completing an ACC554 LSIA medical certificate), can invoice ACC for that time.

1. Rules
2. When to request medical or clinical records
3. Limits on what we can request
4. Medical or clinical record request forms and letters
5. Non-DHB provider medical or clinical records - Prior approval
6. Service codes and prices
7. Types of medical or clinical records
8. Quality
9. District Health Board (DHB) medical or clinical records - Knowing your DHB
10. Level of urgency
11. Prior approval
12. Service codes and prices
13. What we don't pay for
14. Types of medical or clinical records
15. Exceptions
16. Quality
17. Completing the ACC2386 Clinical Records Request - DHB

Owner

[Out of Scope]

Expert

Policy

1.0 Rules

- a** When dealing with a client's medical or clinical records, we must take care to observe the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. For more information, and the difference between personal and health information see ACC's privacy page.

A client must supply us with the information we need to make a decision about a claim unless they have a reasonable reason not to. See the Accident Compensation (AC) Act 2001, Section 72. Section 55 of the Act refers to the 'Responsibilities of the claimant to assist in establishment of cover and entitlements' and generally extends to responsibilities at the request of the Corporation. This means that ACC will, as part of its investigative role, request the relevant supporting information from the client, and their treating providers. Once investigations are complete, a decision can be made on the claim.

All medical or clinical records provided to ACC must be kept on the client's file.

-  Accident Compensation Act 2001, section 72 - Responsibilities of claimant who receives entitlement
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101409.html>

2.0 When to request medical or clinical records

- a** When the client requests cover, additional diagnosis, support, or treatment from ACC, the onus/responsibility rests with the client and/or their provider to supply supporting clinical or medical information to help us to make the decision. If the client and/or their provider has not supplied the supporting information, ACC will, as part of its investigative role, request the relevant supporting information from the client, and their treating providers. Once investigations are complete, a decision can be made on the claim.

On the other hand, if ACC is considering withdrawing support or treatment, revoking cover, or ceasing entitlements such as weekly compensation, then the onus/responsibility sits with ACC to request the supporting medical or clinical records

Before making a request, you must ensure that the information has not already been requested. You must also check that clients are registered patients at the medical practices where notes need to be requested from.

When a provider requests additional treatment or other support on behalf of their client they should include all medical or clinical records with their request, at no additional charge to ACC or the client.

- b** Overseas medical records may be required in order to determine cover on a claim. In these cases, it is ACC's position that ACC is responsible for the sourcing of the medical records from the overseas provider as well as paying the provider directly for those records. This responsibility doesn't extend to ACC sourcing and purchasing overseas medical records for the purpose of investigating entitlement and/or treatment.
- c** Sections 56 and 57 Accident Compensation Act 2001 (the act) state that ACC must investigate cover on a claim at its own expense. There is nothing in the act barring ACC from gathering medical records from overseas when the records are required to determine cover.
- d** Examples of when overseas medical records may be required to determine cover:
- A client who meets the definition of being ordinarily resident in New Zealand who suffers a personal injury whilst overseas and seeks cover for that injury when they return to New Zealand.
 - A medical specialist comment is required from an overseas-based specialist due to the level of expertise required (e.g. complex treatment injury claims where an opinion is sought from an overseas based medical specialist who is an expert in the relevant field).
 - A client has immigrated to New Zealand and it needs to be determined whether their personal injury sustained in New Zealand is a new injury or a reaggravation of an injury that occurred overseas before the client emigrated.

PROCESS Request Clinical Records

PROCESS Request Clinical Records (Cover)

3.0 Limits on what we can request

- a** You must have a reason for requesting medical or clinical records.

We're only allowed to request information relating to the claim, so the provider must review the record and edit out any unrelated information. You must therefore use the correct service code to allow them to do this if necessary and invoice us correctly.

4.0 Medical or clinical record request forms and letters

- a** You must use the correct form or letter to request medical or clinical records.
- b** To request clinical notes and medical reports from providers use the relevant form or letter:

-  MD09a Further info – consultation notes – vendor
-  MD09b Allied - Further info - Consultation Notes - Vendor

NOTE Please make sure you have specified where the provider/vendor should send the requested notes to (the correct return email or postal address).

- c** Work Injury Inquiry Team

-  MD10b Allied - Further info - Medical Questionnaire - Vendor

5.0 Non-DHB provider medical or clinical records - Prior approval

- a** If medical or clinical records are likely to take more than an hour to prepare, the provider must get prior approval from the case manager who raised the initial request.

6.0 Service codes and prices

- a See Codes and prices for non-DHB medical or clinical records.
-  Codes and prices for non-DHB clinical records

7.0 Types of medical or clinical records

- a The type of medical or clinical record(s) required will depend on the reason for the request. Records can include:
 - copies of specialist reports, directed from one medical practitioner to another
 - investigation results
 - clinical notes
 - reports by medical consultants
 - hospital records, including admission and discharge summaries
 - counselling notes for sensitive claims
 - notes on surgical operations
 - pathology and laboratory tests
 - reports on special tests and diagnostic procedures including x-ray and scan results
 - physiotherapy notes.

8.0 Quality

- a The number of medical or clinical record pages received from a provider may not reflect the time spent reviewing and editing. If you have concerns about the quality or quantity of provider medical or clinical records or their invoices, discuss this with:
 - a medical advisor
 - your supplier manager
 - the provider.

9.0 District Health Board (DHB) medical or clinical records - Knowing your DHB

- a Knowing how the DHB you work with stores and processes their client medical or clinical records will help you with your requests. For example if a client is still in hospital, their medical record will be on their hospital ward, rather than with the hospital medical records department.
- Avoid making duplicate requests. You must make sure the request is necessary and complete the forms thoroughly.
- Request the medical or clinical records from the correct contact.

10.0 Level of urgency

If needed to...	then request the information within...
• inform a cover decision • inform an entitlement decision • confirm the injury or details of the injury • identify any other entitlements the client may be receiving through the DHB	5 days
• help develop the rehabilitation plan • identify and manage any risks • gather information about the client and their injury	10 days

 Timeframes for Clinical notes..PNG

11.0 Prior approval

- a If you're requesting more than 340 pages from the DHB, they will seek prior approval from the case owner. The case owner must then consider whether the volume of information is actually needed. If it is needed, either:
 - amend the request to be more specific, ie request a date range or a particular treatment event, or
 - give approval to proceed as originally requested, and adjust the purchase approval increasing the price accordingly.

12.0 Service codes and prices

- a
 - the payment rates that DHBs charge ACC for copies of medical or clinical records are standardised across the country
 - the DHBs know to claim payment for a range rather than a number of pages, eg 1-20 pages etc.

13.0 What we don't pay for

- a Missing mandatory information including:
 - documentation required as part of the Non Acute Rehabilitation Services Schedule (ACC74, ACC739, ACC9 and ACC740)
 - documentation that may be attached to support the ACC705 which could include Emergency Department/Discharge report, ACC45, Allied Health Needs Assessment
 - services provided in a fracture clinic under the Clinical Services contract.

A purchase order should not be loaded for a payment for these requests.

14.0 Types of medical or clinical records

- a The type of medical or clinical record requested will differ depending on the reason for the request.

Type of record requested on ACC2386 (Clinical Records Request – DHB)	Example
Operation notes	Note on surgical operations
Clinical letters or notes	The medical or clinical records that describe all assessment and treatment by the team or specialist that have managed the client's injury either while an inpatient and/or outpatient – should be requested using the DHBC code. If you need a specialist's opinion on a specific question use the DHBR1 code and an MD02c letter
Radiology reports	X-ray, MRI, CT scan reports. Do not request hard copies of x-rays and MRIs. Radiology reports may be included in an Assessment Report Treatment Plan (ARTP)
Discharge summary	Summary of treatment received and ongoing plan when the client is discharged from hospital
Other, eg physiotherapist, OT	Reports/records/assessments from the physiotherapist, occupational therapist, speech therapist, social worker, who saw the client while they were in hospital. If you require an answer to a specific question, request this using the DHBR2 code and MD02c letter

 Types of medical records.PNG

15.0 Exceptions

- a** • The Elective Surgery, Treatment Injury and National Serious Injury Service units may have specific requirements when:
 - making a request for a medical or clinical record
 - determining cover or support
 - managing the rehabilitation or risks
- What is requested is generally directed and reviewed by a Clinical Panel
- Treatment injury or elective surgery may request the client's full DHB record including nursing notes.
- b** When requiring mental health records, there are specific timeframes and requirements:

To ensure ACC only collects information relevant and necessary for decision making, we need to communicate with our clients to determine a timeline for which to collect mental health records.

This aids in establishing a timeline with the client of their engagement with mental health services, organizations and Primary Health Care services.

16.0 Quality

- a** The number of pages received from a DHB may not reflect the time spent reviewing and editing. If you have concerns about the quality or quantity of medical or clinical records or their invoices, discuss this with your team manager.

17.0 Completing the ACC2386 Clinical Records Request – DHB

- a** All components for Section 1 (vendor details), Section 2 and 4 (patient details) and Section 6 (ACC staff member details) must be completed.

Section 3 (request details) is the most important section to complete accurately and may take the longest.

- Injury – review the claim Injury and Medical tab in Eos to assist you in identifying or confirming the injury
- Dates you require the records – you may have many options for confirming the dates the client was in hospital for example, ACC74, ACC9, ACC705 or check with the client directly.

 ACC2386 DHB request for copy of notes - Vendor

NOTE Please make sure you have specified where the provider/vendor should send the requested notes to (the correct return email or postal address).

 Contacts for requesting District Health Board clinical records