



28 September 2023



Kia ora 

Your Official Information Act request, reference: GOV-027753

Thank you for your email of 14 September 2023, asking for information about the ACC45 and 46 forms, under the Official Information Act 1982 (the Act). I have provided a response to each of your questions in turn:

Question 1: I request a copy of the ACC45 and ACC46 form.

Please find examples of these documents attached as Appendix 1. These copies are just examples and cannot be used for lodging claims because each ACC45 or 46 forms needs to be individually numbered. See our 'Computer-generated ACC45' document attached.

Question 2: What are the differences between an ACC45 form and ACC46 form, if any?

The ACC45 is electronic and submitted through a practice management system (PMS). Providers need to be registered with us and need a *HealthSecure* digital certificate to access our digital services. If they are unable to work electronically, providers can order the paper version (ACC46). Information about this is on our website at www.acc.co.nz/for-providers/working-with-us-using-our-digital-services.

Question 3: Please provide a description of what these forms are, which would include, but not be limited to:

(a) The purpose and intended use of the form

The purpose and intended use of the ACC45 form is to provide all the necessary information needed to lodge a claim with ACC. This includes information about the client and information about the injury and the accident, including where and when it took place.

(b) The list of types of persons (e.g., treatment provider, spouse, lawyer, claimant, ACC employee, etc.) who may complete and lodge the forms with ACC.

Claims are usually lodged by the treating medical provider using the ACC45 or 46 form. A client or their authorised representative can contact ACC to lodge an initial claim for cover by email, mail, fax, or in person, but they would not use an ACC45 or 46 form. This is because you need to be a registered provider to request the forms. Please see this published response about who can lodge claims at www.acc.co.nz/assets/oia-responses/claims-lodgement-policy-oia-response-gov-026247.pdf.

(c) A description of whose informed consent is required (if any), how that informed consent is obtained prior to lodging these forms with ACC, and how the informed consent is documented.

Please see Part C of the ACC45 example attached, and section 3 of the ACC46, where the patient (or client) is to sign to acknowledge that they have read and understood the declaration and consent page. This occurs when they are seen for their injury by the provider.

Please also see 'Obtain Client Authority for Claim Registration' for our process when the client's signature is missing from the form, and how we then obtain and document consent.

(d) ACC's understanding of the limits of the use of these forms (e.g., what specifically have the claimant's consented to in regard to these forms).

What clients have consented to can be viewed on the second pages of the examples attached in Appendix 1, under heading 'Collecting your medical and other records.' Please also see the attached documents 'Obtain Client Authority to Collect Information' and 'ACC45 vs ACC6300', which discuss when ACC should obtain additional verbal consent or further written consent. An example of the ACC6300 form is also attached for reference.

(e) What is required for a claimant to revoke any consent initially agreed to in these forms.

Please see the 'Decline or Withdraw Client Authority to Collect Information' document attached.

(4) Please also provide all instructions, documents, policies, processes or other information which underpins your response.

The following documents are attached as Appendix 2:

- Computer-generated ACC45
- Obtain Client Authority to Collect Information
- Obtain Client Authority for Claim Registration
- ACC45 vs ACC6300
- ACC6300 (Authority to collect medical and other records form)
- Decline or Withdraw Client Authority to Collect Information

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

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
Acting Manager Official Information Act Services
Government Engagement

ACC
45

ACC Injury Claim Form
Patient to complete



PART A: PERSONAL DETAILS

Family name
First name(s)
Date of birth
Home/postal address
Telephone WORK HOME
What is your ethnic background? This information is collected for statistical reasons only, to help ACC develop services that are culturally appropriate.
NZ European/Pakeha Cook Island Maori Fijian Indian Samoan Other ethnic group – please specify
Other European Tongan Other Pacific Other Asian Tokelauan
NZ Maori Niuean South East Asian Chinese I'd prefer not to say

PART B: ACCIDENT AND EMPLOYMENT DETAILS

If required you can provide further information in answer to the following questions on a separate piece of paper.

When did the accident happen?
Accident scene (eg. home, place of work, road)
Accident location (eg. Taupo)
What were you doing – what happened – how was the injury caused? (eg. cleaning kitchen, slipped on wet floor and hit head on table)
Did the accident involve a moving motor vehicle on a public road, driveway or beach?
If sporting injury, name sport
Occupation
Please tick those that apply
What type of work do you do? (Tick one box only)
Did the accident occur at work?
What is the name of the business you are employed by/own?
What is the address of the business you are employed by/own?

EMPLOYER NAME AND ADDRESS

PART C: PATIENT AUTHORISATION AND DECLARATION

I have read and understood the Important Information and the Patient Authorisation and Declaration on the reverse of the patient copy of this form
Patient to sign here or legal guardian or representative
Authorised representative's name
Authorised representative's relationship to patient

Treatment Provider to complete
Note: ACC does not provide cover for illness or sickness.

XX12345

PART D: INJURY DIAGNOSIS AND ASSISTANCE

Patient's NHI no.
Diagnosis coding used if not READ CODES
Diagnosis 1 Side:
Diagnosis 2 Side:
Diagnosis 3 Side:
Is this a work related gradual process, disease or infection claim?
Additional injury comments to injury code entered above
Has the patient been admitted to hospital?
Is this claim for treatment injury?
Referral information (type of Treatment Provider referred to)
REHABILITATION/ASSISTANCE REQUIRED (eg. case management or home help)
ACC should call me?

PART E: ABILITY TO WORK

Registered Medical Practitioner only to complete this part

IS THE PATIENT ABLE TO CONTINUE NORMAL WORK?
RESTRICTED DUTIES: The patient is able to undertake restricted duties for days, from of the following type:
Sedentary Light Medium Heavy
Additional restrictions (eg. up to four hours per day; no lifting)
FULLY UNFIT: The patient is unfit for work for days, from (Maximum 14 days using this form)
REVIEW/RETURN TO WORK: Based on this medical assessment
a review is required on, or
the patient should be fit to return to normal work on:

PART F: TREATMENT PROVIDER DECLARATION

I certify that, on the date shown, I have personally examined the patient and that in my opinion the condition is the result of an accident. I also certify that the patient (or their representative) has signed the Patient Authorisation and Declaration and has authorised me to lodge the claim on their behalf.
ACC PROVIDER NUMBER
HEALTH PRACTITIONER INDEX
Treatment provider name (print) or stamp
Treatment provider signature

ACC or Accredited Employer copy: please return this form when completed to your ACC Service Centre or to the Accredited Employer (check www.acc.co.nz).

Important Information

PATIENT You and ACC Working Together

This form is the first step in getting help from ACC if you’ve been injured in an accident.

The form collects the basic information we need about your injury to help us decide if we can provide cover. If we need more information about this claim we will contact you later.

ACC is here to help when you’ve suffered an injury. Once cover has been established (that means that you have an injury which ACC has accepted) we’ll help towards the cost of your initial medical treatment, including GP costs, X-rays, physiotherapy, etc. This means it’s important that all the information on this Injury Claim Form (ACC45) is accurate. You should also let ACC know about any change in your circumstances. The information you provide helps us to make sure you receive the right treatment and payments for this claim.

ACC will pay a fee direct to your treatment provider for your medical treatment. Your treatment provider may have charged you an extra amount (surcharge) above the amount that ACC can pay. We are not able to reimburse you for that surcharge.

ACC may be able to assist you with other types of help depending on your needs. But you must apply for this assistance. Please contact us on 0800 101 996 to get our approval before you incur costs that you expect ACC to pay.

You can apply for the following types of assistance:

- medical assistance, including medical treatment, dental treatment, further courses of treatment and travel to treatment
- social rehabilitation assistance to help restore your independence, such as home help, childcare, attendant care, a wheelchair, home modification and education support
- vocational rehabilitation assistance to help you keep your job, find a new job or regain vocational independence. This support can include such things as assessments of your vocational needs, modifications to your work site, work trials and assistance with finding a new job
- financial assistance, such as weekly compensation, or lump sum compensation.

This form may be used by your employer if they are part of ACC’s Accredited Employer Programme. In these cases where ACC is specified in the patient declaration, this should be read as applying to the accredited employer managing your claim.

If you would like to know more about the claims process or any other ACC service, please call 0800 101 996.

PATIENT Collecting your medical and other records

Why we ask for your authority to collect your medical and other records

To establish cover and/or assess your entitlement to compensation, rehabilitation and treatment, we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional, employer, or other government agencies. We need your authority to collect them.

These records could include:

- medical reports
- details of your accident
- medical history relevant to your claim
- specialist reports and assessments
- your employment details and history
- income and tax records.

In each case, we’d only seek records that are or may be relevant to your claim during the life of your claim.

We’ll comply with the Privacy Act 1993, the Health Information Privacy Code 1994 and the Accident Compensation Act 2001 when collecting, using and managing personal information. You have the right to access any information we hold about you. You can also ask us to correct the information we hold about you.

For more details see ACC’s privacy notice at www.acc.co.nz/privacy.

PATIENT AUTHORISATION AND DECLARATION

I authorise:

- ACC to collect medical and other records which are or may be relevant to my claim
- the treatment provider to lodge this claim for me.

I declare:

- that the information I have given in this form is true and correct.



ACC electronic input injury claim form



Patient NHI number:
(Treatment provider to complete)

XX12345

SECTION 1: PERSONAL AND EMPLOYMENT DETAILS *Patient to complete*

Family name: _____

First name(s): _____

Date of birth: DD MM YYYY ☐ Male ☐ Female

Address: Street _____
Suburb _____ City + Postcode _____

Daytime phone number: Area code 0 _____ Alternate phone number: Area code 0 _____

What is your ethnic background? *This information is collected for statistical reasons only, to help ACC develop services that are culturally appropriate.*

☐ NZ European/Pakeha ☐ Cook Island Maori ☐ Fijian ☐ Indian ☐ Samoan
☐ Other European ☐ Tongan ☐ Other Pacific ☐ Other Asian ☐ Tokelauan
☐ NZ Maori ☐ Niuean ☐ South East Asian ☐ Chinese ☐ I'd prefer not to say
☐ Other ethnic group *please specify* _____

Employment status:
☐ Paid employment in NZ ☐ Self-employed in NZ ☐ Not in paid employment in NZ ☐ Overseas visitor

Occupation: _____

Usual work type? (Tick one box only)
☐ Sedentary (brief standing and walking) ☐ Light (frequent standing and walking) ☐ Medium (often lift small loads) ☐ Heavy (frequent lifting over 10kg) ☐ Very heavy (consistent lifting over 20kg)

Name of employer/trading name: _____

Location (or phone number): _____

SECTION 2: ACCIDENT DETAILS *(If needed, ask your treatment provider for help completing this section)*

When did the accident happen? DD MM YYYY _____

Did the accident occur at work? ☐ Yes ☐ No

Did the accident involve a moving motor vehicle on a public road, driveway or beach? ☐ Yes ☐ No

What were you doing? *eg. cleaning kitchen* _____

What happened? *eg. slipped on wet floor* _____

How was the injury caused? *eg. hit head on table* _____

Accident scene (eg. home, place of work, road) _____ Accident location (eg. Taupo) _____

SECTION 3: PATIENT AUTHORISATION AND DECLARATION

I have read and understood the Important Information and the Patient Authorisation and Declaration on the reverse of the patient copy of this form.

Patient to sign here or legal guardian or representative _____ Date: DD MM YYYY _____

Authorised representative's name: _____ Authorised representative's relationship to patient: _____

XX12345

April 2021

Treatment provider to complete

Note: ACC does not provide cover for illness or sickness.

SECTION 4: INJURY DIAGNOSIS AND ASSISTANCE

Diagnosis coding used: ☐ READ ☐ ICD10

Diagnosis 1 _____ Side: ☐ Left ☐ Right ☐ n/a

Diagnosis 2 _____ Side: ☐ Left ☐ Right ☐ n/a

Diagnosis 3 _____ Side: ☐ Left ☐ Right ☐ n/a

Additional injury comments to injury code entered above _____

☐ This is a work-related gradual process, disease or infection claim

☐ This is a claim for treatment injury (if yes, please also complete the ACC2152 Treatment injury claim form)

Has the patient been admitted to hospital? ☐ Yes ☐ No

Is home help or other assistance required by the patient? ☐ Yes ☐ No

(Registered medical practitioner only to complete this part. Maximum 14 days using this form.)

SECTION 5: FITNESS FOR WORK

Is the patient fit to continue normal work? ☐ Yes (go to Section 6) ☐ No (continue)

FIT FOR SOME WORK

From DD MM YYYY _____ to DD MM YYYY _____

the patient is fit to work HH per day. The patient is fit for the following types of work:

☐ Sedentary (brief standing and walking) ☐ Light (frequent standing and walking) ☐ Medium (often lift small loads) ☐ Heavy (frequent lifting over 10kg)

Additional restrictions (eg. No prolonged lifting) _____

FULLY UNFIT FOR WORK

The patient is fully unfit for work

from DD MM YYYY _____ to DD MM YYYY _____

SECTION 6: TREATMENT PROVIDER DECLARATION

I certify that, on the date shown, I have personally examined the patient and that in my opinion the condition is the result of an accident or work-related gradual process. I also certify that the patient (or their representative) has signed the Patient Authorisation and Declaration and has authorised me to lodge the claim on their behalf.

Date of consultation: DD MM YYYY _____

Treatment provider's name (print) or stamp: _____

ACC provider number: _____

Health practitioner index: Person (CPN) _____ Organisation **G** Facility **F**

☐ ACC to contact me?

Treatment provider's signature: _____

Patient copy. Please retain this copy and read the important information on the back. If you are off work for more than one week or need further assistance from ACC call 0800 101 996

Important information

PATIENT

You and ACC working together

This form is the first step in getting help from ACC if you've been injured in an accident.

The form collects the basic information we need about your injury to help us decide if we can provide cover. If we need more information about this claim we will contact you later.

ACC is here to help when you've suffered an injury. Once cover has been established (that means that you have an injury which ACC has accepted) we'll help towards the cost of your initial medical treatment, including GP costs, X-rays, physiotherapy, etc. This means it's important that all the information on this Injury Claim Form (ACC46N) is accurate. You should also let ACC know about any change in your circumstances. The information you provide helps us to make sure you receive the right treatment and payments for this claim.

ACC will pay a fee direct to your treatment provider for your medical treatment. Your treatment provider may have charged you an extra amount (surcharge) above the amount that ACC can pay. We are not able to reimburse you for that surcharge.

ACC may be able to assist you with other types of help depending on your needs. But you must apply for this assistance. Please contact us on 0800 101 996 to get our approval before you incur costs that you expect ACC to pay.

You can apply for the following types of assistance:

- medical assistance, including medical treatment, dental treatment, further courses of treatment and travel to treatment
- social rehabilitation assistance to help restore your independence, such as home help, childcare, attendant care, a wheelchair, home modification and education support
- vocational rehabilitation assistance to help you keep your job, find a new job or regain vocational independence. This support can include such things as assessments of your vocational needs, modifications to your work site, work trials and assistance with finding a new job
- financial assistance, such as weekly compensation, or lump sum compensation.

This form may be used by your employer if they are part of ACC's Accredited Employer Programme. In these cases where ACC is specified in the patient declaration, this should be read as applying to the accredited employer managing your claim.

If you would like to know more about the claims process or any other ACC service, please call 0800 101 996.

Collecting your medical and other records

Why we ask for your authority to collect your medical and other records

To establish cover and/or assess your entitlement to compensation, rehabilitation and treatment, we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional, employer, or other government agencies. We need your authority to collect them.

These records could include:

- medical reports
- details of your accident
- medical history relevant to your claim
- specialist reports and assessments
- your employment details and history
- income and tax records.

In each case, we'd only seek records that are or may be relevant to your claim during the life of your claim.

We'll comply with the Privacy Act 1993, the Health Information Privacy Code 1994 and the Accident Compensation Act 2001 when collecting, using and managing personal information. You have the right to access any information we hold about you. You can also ask us to correct the information we hold about you.

For more details see ACC's privacy notice at www.acc.co.nz/privacy.

PATIENT AUTHORISATION AND DECLARATION

I authorise:

- ACC to collect medical and other records which are or may be relevant to my claim
- the treatment provider to lodge this claim for me.

I declare:

- that the information I have given in this form is true and correct.

Summary

Objective

The ACC45 Injury Claim form is available only as a commercially published document because each claim form has to be individually numbered.

Some providers complete the form with the client by hand and send it to ACC.

Providers with computerised systems can submit computer-generated ACC45 forms that can be viewed in Eos as a PDF document.

The information required on the form is exactly the same as the paper version but may be laid out slightly differently. Providers may also include some internal reference information on the form.

Owner

[Out of Scope]

Expert

Policy

1.0 Form version and claim number sequence

- a** Providers must use an ACC-approved version of the form. Each provider is issued a sequence of claim numbers to use on these forms, to avoid duplication with other electronic versions or with claims submitted on paper.

As the provider uses up their allocated claim numbers, they ask ACC to issue a new sequence of numbers.

 ACC issued claim number

2.0 Approving a new form version

- a** There are currently seven approved versions of the ACC45, four developed by software companies and three by providers. These are listed below.

3.0 ACC approved versions developed by software companies

- a** See attached table.

Company	identified by...	and prints out on...
Health Technology Ltd	'HTL' at the top centre of the page, beside the name of the form	two A4 pages
Advanced Clinical Records	'HG' on the left-hand side of form, below the ACC45 logo	two A5 pages
Virtuoso Productions Limited	'VPL' on the left-hand side of the form, below the ACC45 logo	two A5 pages
IntraHealth (MMAS system)	'Macintosh Medical Administration System' on the top left of the form	two A4 pages

 ACC approved versions developed by software companies.PNG

4.0 ACC approved versions developed by providers

- a** These versions are identified by the provider's name at the top of the form:

- Mid Central Health
- Canterbury Health
- Pegasus Medical Group.

5.0 Allocating a claim number sequence

- a The treatment provider must apply to ACC for a claim numbering sequence to be allocated for the approved version of the ACC45 they intend to use.

Enquiries from providers regarding the claim numbering sequence should be referred to:

Northern Processing Centre
PO Box 90-341
Auckland Mail Centre

Phone: 0800 222 070
Fax: (09) 354 8301

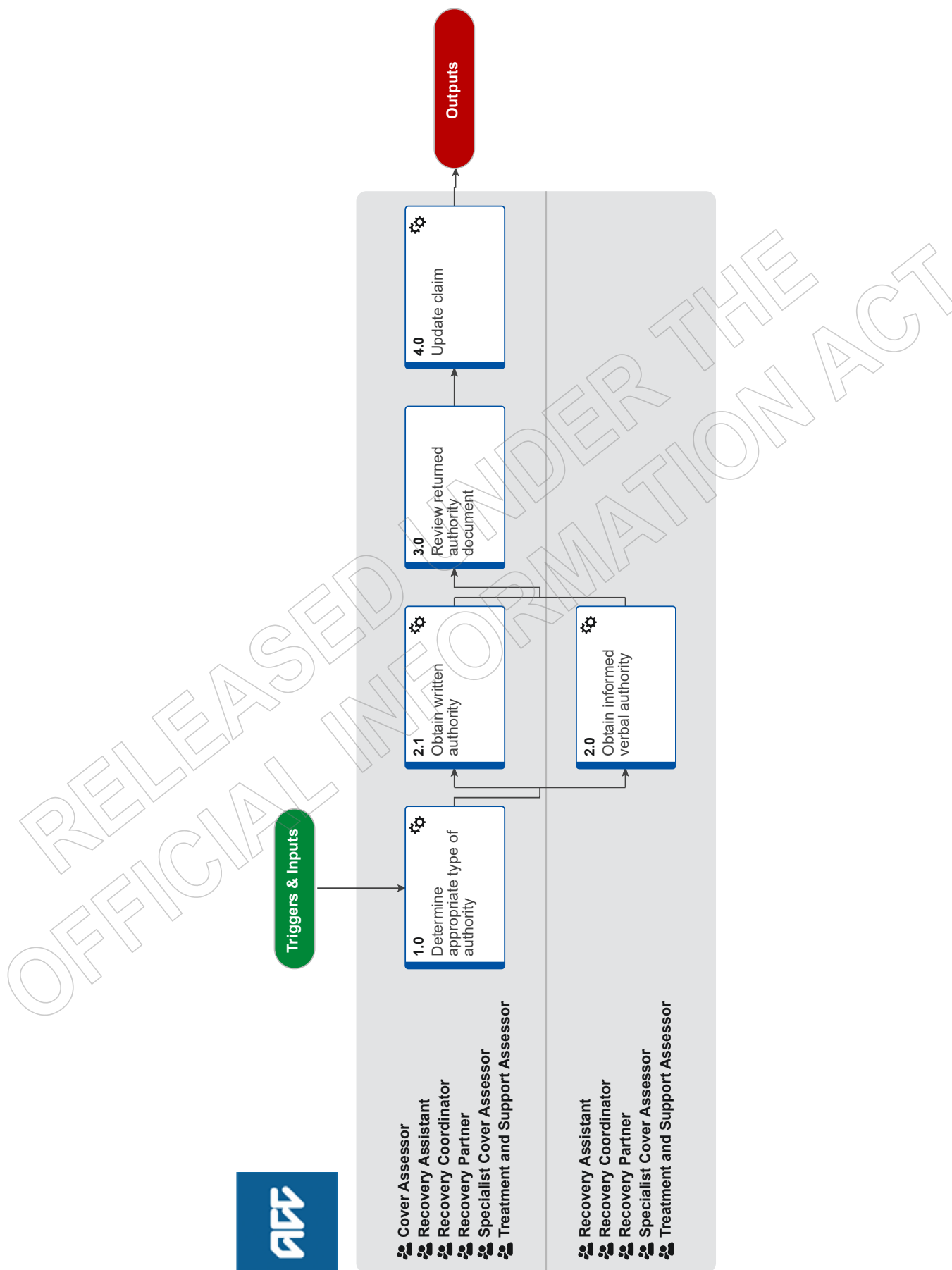
The Northern Processing Centre is also responsible for allocating the number sequence for electronic versions of the Accident Insurance Treatment Certificate (AIRC).

6.0 Receiving a claim on a computer-generated ACC45

- a When you receive a claim on a computer-generated ACC45, you must check the version of the form used by the provider to see if it is an approved version or a non-approved version. See attached table for guidance.

If the form is...	then...
an approved version	follow the normal procedure for processing claim forms
not an approved version	return it to the provider immediately with a covering letter that: <ul style="list-style-type: none">• explains all computer-generated forms must be approved by ACC before use• provides contact details to arrange this, if they wish• asks them to resubmit the claim on a standard paper form.

 Receiving a electronic 45 checklist..PNG





Summary

Objective

To obtain verbal or written authority from the client so that we can collect relevant medical or other records.

Background

Obtaining client authority to collect information is required when ACC needs to gather client medical or other records, and ensures our clients understand the type of information we might request and why.

Use this process to either obtain:

- informed verbal authority during client onboarding to ensure the client is aware of what they've consented to when the ACC45 claim form has been lodged, or
- written authority via MyACC or an ACC6300 form when verbal authority is not appropriate.

Each time we request information about a client, we should first explain why we are collecting the information, and how we intend to use it.

ACC6300 Expire – As long as the ACC6300 is on the claim and the claim is actively managed there is no need to redo it. If the claim hasn't been active for more than a year and then needs to be managed again, redo an ACC6300 even if one was already on the claim. While waiting for a renewed 6300 to be completed, a verbal confirmation with the client that they are still happy to give consent and a contact made in the claim is enough to demonstrate that the client has provided interim authorisation. - Privacy Team

Te Whatu Ora is only able to legally fulfil information requests when a current ACC6300 has been received (received within the last 12 months). An ACC6300 is required for all claims where the date of injury or lodgement is greater than 12 months or we are requesting information for a 12 month or longer period

Owner [Out of Scope]

Expert

Procedure

1.0 Determine appropriate type of authority

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

- a** In Eos, check what existing authority there is on the claim.

NOTE What if you view Client Authority through Claim on a Page (COAP)?

Claim on a Page will show if there is consent on the client's claim, but to view more details or make changes you will need to open the claim in Eos.

View Client Consent

NOTE What if your client is under 16 years of age?

Your client's parent, guardian or nominated person will provide the authority to collect information. When your client turns 16 they can give the authority themselves therefore you need to request authority from the client directly as per steps in this process.

Clients under 16 with complex mental injuries, require that you identify a Safe Contact. Your clients' Safe Contact or guardian can provide authority to collect information on your clients behalf. Depending on who your clients' Safe Contact is you will need to Obtain Authority to Collect Information and/or Authority to Act .

For more details refer to the information and process below.

PROCESS Identify Safe Contact for Child Clients

Children and Adolescents Consent

NOTE What are the different authority types?

There are five different authority types and a Conditions section on the Consent tab:

- ACC45: The ACC45 claim form that provides ACC with initial authority to collect information
- Verbal: A pre-recorded message played to the client during onboarding, to ensure they are informed of the authority they have previously provided on the ACC45 claim form and reaffirm this
- MyACC: The client has reviewed the authority terms and conditions and provided authority to collect information via MyACC. Eos creates the ACC6300D form as a record of the client's agreement.
- ACC6300: The client has reviewed the authority terms and conditions and signed their authority on the ACC6300 Authority to collect medical and other records form. Eos holds a record of this when it has been signed and returned
- Withdrawn: The client has advised they no longer give authority for any of the above authority types and we have 'Withdrawn' their authority. No records can be requested if the type is Withdrawn

Conditions: The client has provided authority to collect information in one of the ways above but they have also provided certain conditions to their authority. The conditions are recorded as comments in the Conditions text box.

NOTE What needs to be on the claim for the ACC6300 information to show in MyACC?

The Recovery Plan must be created, verbal Authority loaded on the RP before the ACC6300 will show in MyACC.

MyACC: The client has reviewed the authority terms and conditions and provided authority to collect information via MyACC. Eos creates the ACC6300D form as a record of the client's agreement.

- b** Determine if it's appropriate to request informed verbal authority or written authority using the Obtain Verbal or Written Authority Guidelines below or click on the Sharepoint link.

 ACC Guidelines to obtain verbal or written authority

NOTE What if you need to obtain informed verbal authority during the Welcome Conversation?

Go to Activity 2.0 Obtain informed verbal authority.

NOTE What if the client's claim is active and has been open for 12 months?

Progress to an ACC6300 via form or MyACC as noted in the 'NG GUIDLINES Obtain Verbal or Written Authority' above.

NOTE What if you need to obtain written authority from the client?

Go to Activity 2.1 Obtain written authority.

 Personal and Property Orders for Clients Policy

NOTE Do we accept Electronic Signatures?

Information from the Privacy Team - Since Lockdown we have been more lenient in accepting electronic signatures. However, a client's name typed on a form isn't enough to accept the ACC6300, unless we have spoken with that client about typing their name and have captured this in a detailed 'contact' on EOS.

NOTE Why is Te Whatu Ora asking for a signed ACC6300?

Te Whatu Ora is only able to legally fulfil information requests when a current ACC6300 has been received (received within the last 12 months). An ACC6300 is required for all claims where the date of injury or lodgement is greater than 12 months or we are requesting information for a 12 month or longer period.

2.0 Obtain informed verbal authority

Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

- a** Advise the client that we want to explain how we gather and use their information by playing a pre-recorded message. Confirm they are ready to listen to this.

- b** Play the pre-recorded consent message

NOTE How do you play the pre-recorded consent message?

1. Select "Invite More People" in the top right hand corner of the active call window
2. Enter the extension for the Verbal Consent Recording: 50013 and press OK
3. You will appear in a Conference with the Verbal Consent Recording and the Client
4. Once the consent recording has finished playing, it will automatically leave the phone conference

NOTE How do you play the pre-recorded message using Genesys Cloud?

1. Select the 'Transfer' arrow icon
2. In 'Name or Number' bar, type 'Consent' and select 'Consent IVR' when it pops up
3. Select 'Consult'. This places the customer on hold and dials the IVR. While IVR is connecting, click on ALL to bring the customer into the call.
4. The IVR message plays, then disconnects automatically, leaving the Staff Member and customer on the phone together.

- c** Verbally confirm that the client agrees.

NOTE What if the client requests a copy of what they have consented to?


The consent is a pre-recorded message and can be emailed to the client if requested. Attach the Disclosure Statement - Consent Recording.

 Disclosure Statement - Consent Recording

NOTE What if the client doesn't agree to the pre-recorded verbal authority?

If they want to:

- provide authority in writing, fully or with conditions, go to Activity 2.1 Obtain written authority
- decline all authority options, go to the Decline or Withdraw Client Authority to Collect Information process.

 **PROCESS** Decline or Withdraw Client Authority to Collect Information

NOTE How often do you need to update the authority to collect information when given verbally?

Consider updating the consent indicator at 6 and 12 months post welcome conversation if the consent is verbal.

d Go to Activity 4.0 Update claim.

2.1 Obtain written authority

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

a Discuss and confirm if the client would like to provide written authority via:

- MyACC
- an emailed ACC6300 Authority to collect medical and other records form
- a posted ACC6300 Authority to collect medical and other records form.


 ACC6300 Authority to collect medical and other records

NOTE What if the client wants to use MyACC?

Advise them to log in to MyACC and complete the authority on the Injury Details section.
The ACC6300D will be uploaded to Eos automatically if provided via MyACC.

NOTE What if the client wants it to be emailed?

- Advise that they'll need to print, sign and scan the form back to ACC.
- Check if the client's email address is verified. If not, go to Update Client's Party Record to verify the email address
- Email it to the client.

 **PROCESS** Update Client Party Records

NOTE What if the client wants it to be posted?

- Ensure they have a valid postal address
- Send a Send Letter task to the Recovery Administration department queue to request it to be posted.

NOTE What if the client wants to provide their own conditions?

- Discuss obtaining alternative conditions, using the Privacy - Authority Principles as a guide
- Request them to send their conditions in writing.

NOTE What is the CLI01 letter and when should you use it?

If you require the ACC6300 and the ACC165 to be completed by the client, you can use the CLI01Branch ACC6300 ACC165 Letter With Task - Client, which has the cover letter and the two forms attached.

You can also use this if you only require the ACC6300, just remember to remove the information about the ACC165.

As this letter has the cover letter already done it is a good way to send the form to the client.

 Privacy - Authority Principles

NOTE What if the client doesn't agree to provide any authority?

Go to the Decline or Withdraw Client Authority to Collect Information process. This process ends.

 **PROCESS** Decline or Withdraw Client Authority to Collect Information

b In the appropriate system Eos or Salesforce, create a Follow Up task for 10 working days from today to confirm the client has completed and provided their authority.

NOTE What if the client needs to use an electronic signature on the form

Information from the Privacy Team - Since Lockdown we have been more lenient in accepting electronic signatures. However, a client's name typed on a form isn't enough to accept the ACC6300, unless we have spoken with that client about typing their name and have captured this in a detailed 'contact' on EOS.

3.0 Review returned authority document

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

a Receive the 'NGCM - Action Attached Documentation' task.

NOTE What if you've received an NGCM - Action Attached Documentation task?

Close the task as it's to inform you that the ACC6300 form has been uploaded to the claim.

b Review the written authority to confirm you understand and accept any conditions provided.

NOTE What if the conditions need to be further clarified with the client?

Contact the client to confirm the conditions and clarify any uncertainties.

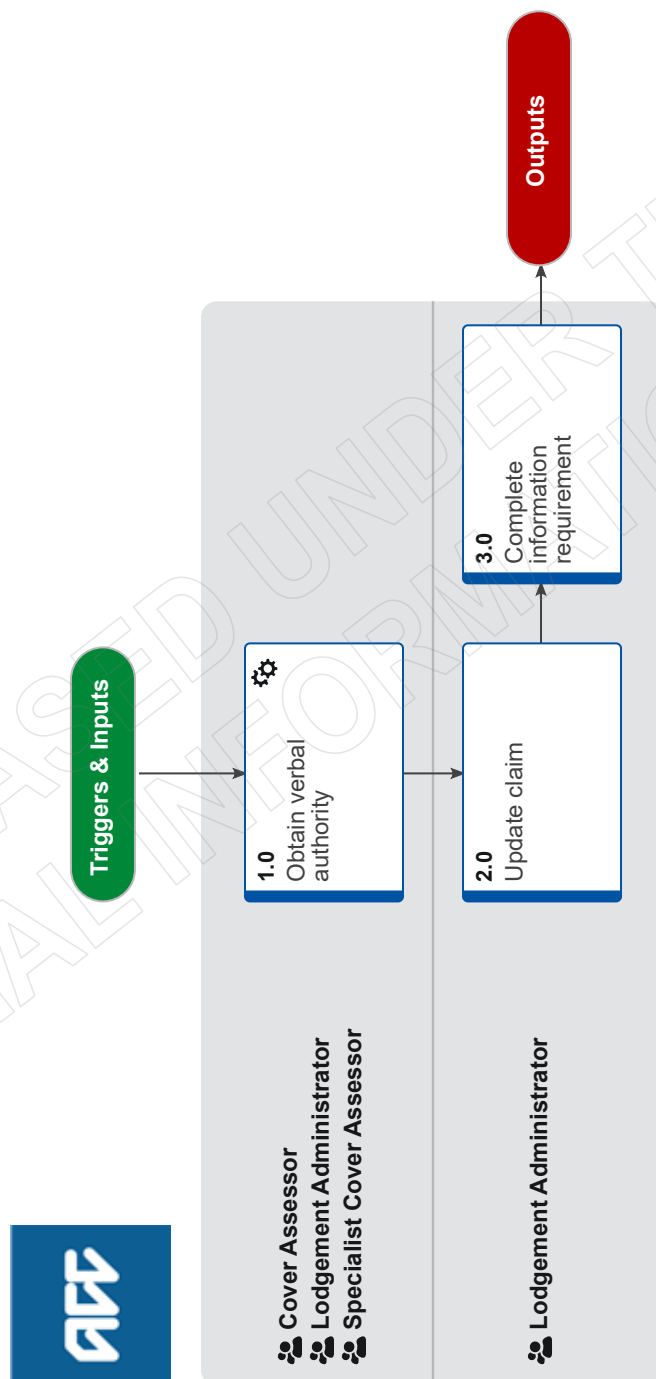
4.0 Update claim

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Specialist Cover Assessor, Treatment and Support Assessor

a In Eos, add the applicable consent record type and any conditions on the Consent tab.

 Add Client Consent

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Summary

Objective

To obtain verbal authority or a signature from the client on a manual claim form when it's missing so that a cover decision can be made.

Background

Eos has checked the claim and identified that the signature is blank on the paper form. It has raised a Client Signature Missing information requirement for someone to resolve.

Owner

[Out of Scope]

Expert

Procedure

1.0 Obtain verbal authority

Cover Assessor, Lodgement Administrator, Specialist Cover Assessor

- a** If you are a Lodgement Administrator lodging a Treatment Injury or Sensitive claim, refer to the Receive and Input Manual Claims process. For any other claim type, contact the client to request their verbal authority to lodge the claim. Go to the Contact Client or Provider for Information process and 1.b. below to do this.
If you are a Cover Assessor or Specialist Cover Assessor with a Treatment Injury claim, please go to step 1.b.



Contact Client or Provider for Information at Lodgement

<https://go.promapp.com/accnz/Process/0a2df950-84d0-4489-bcf7-3663fed855b8>

NOTE What if the client is unable to provide authority?

In certain circumstances, the client won't be able to provide authority. They might be unconscious or under heavy medication from their injuries. Check all information provided on the claim to determine if it's appropriate to attempt contact. If you don't believe it's appropriate to call, then request authority from the lodging provider. Go to Step 2.0.

NOTE What if I can't get a hold of the client on the phone?

Email the provider to confirm authority:

- Check the provider's email address is a general one for the practice or that individual provider at the practice
- Email the provider attaching a copy of the claim form. Ask them to confirm that they obtained authority from the client before submitting the claim. They need to sign the claim form on behalf of the client and email it back to you
- In Eos, edit the Missing Information for Cover or Confirm Cover Decision task to add today's date, and in the description field add any action you've taken
- Put the task on hold for 2 days, ensuring that this date is not after the cover decision due date or on a weekend or statutory holiday, and set priority to "high"
- Transfer the Missing Information for Cover task to the Registration Centre - Information Required queue.

If the provider:

- confirms via email that they obtained authority from the client (but doesn't send back a signed form) then add the email as a Contact on the claim
- doesn't respond or advises they didn't get authority then request written authority from the client. Go to the Contact Client or Provider at Lodgement process by following the link below to do this.



PROCESS Contact Client or Provider for Information at Lodgement



Verify an Existing Provider, Vendor or Facility Email Address

- b** Read out the verbal authority statement below to the client, ensuring they have understood what you've said and have agreed to it:

"We noticed the form that's been filled in to lodge your claim with ACC doesn't have your signature on it, so we want to request your verbal authority to progress your claim.

To make our initial cover decision, we may need to talk to people, such as your GP, other health providers, or your employer. That will mean collecting and sharing information about you.

Some examples of the information we may need are:

- Details of your accident
- Medical information relevant to your claim
- Your work details if the accident happened at work.

We will follow the law when collecting, using, and sharing your information, and we will keep your information safe. You can ask us at any time for information we hold about you, and tell us if you think there's something wrong. You can read our privacy notice on our website at www.acc.co.nz for more information about your rights and our responsibilities.

Are you happy to provide authority for us to complete the claim in our system and collect any relevant information necessary to make an initial cover decision?"

[Delete one] Yes / No

Date obtained: [DD/MM/YYYY]

NOTE What if the client doesn't agree to provide verbal authority?

Request written authority from the client. Go to Contact Client or Provider for Information at Lodgement process to do this (start at "Send Letter to Client")

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

NOTE What if the client doesn't agree to give authority at all?

The claim must be declined. Go to the Decline Claim Due to Incomplete Registration process below.

☐ **PROCESS** Decline Claim Due to Incomplete Registration

- c** Add a Contact and copy and paste the verbal authority statement in to show the day they provided verbal authority.

2.0 Update claim

Lodgement Administrator

- a** Update the 'Has the Claimant/Representative signed the form?' radio button to Yes.

Edit claim intake form

- b** Click NEXT on the claim intake form to save the changes.

3.0 Complete information requirement

Lodgement Administrator

- a** Check that there are no other information requirements outstanding.

NOTE What if there are other information requirements outstanding?

Action the other information requirements before closing the task. Go to the relevant procedure(s) for guidance.

- b** Close the task.



ACC45 vs ACC 6300

[Out of Scope]

Senior Privacy Advisor 00509139

We must ensure that our clients understand what it means to provide us with their authority to collect medical and other records. While the ACC45 claim lodgement form provides us with this authority, playing the verbal recording when we onboard the client ensures they fully understand how and why we collect their records, and that they agree to it.

Things to note:

- It is permissible to rely on the ACC45 plus the verbal authority for up to 12 months if the claim is straightforward and you are collecting only a limited amount of information. After 12 months, if further information is required, an ACC6300 will be needed.
- In some cases, a verbal authority is not appropriate and an ACC6300 will be required.
- In some cases, even if you have an ACC45 and a verbal authority, you may need to progress to an ACC6300. This is usually when the claim becomes more complicated than it originally was.

When Verbal Authority is Not Appropriate

For some clients, playing the verbal recording isn't the best option to obtain their authority. The following examples will support you to determine when obtaining written authority is more appropriate. These are only a handful of examples; please use your judgement to determine the best option for your client. If in doubt, speak with your Privacy Advisor.

If the client...	then...
has a sensitive claim.	only obtain authority via an ACC6300 form. Verbal authority must not be used.
is under the age of 16 years.	only obtain authority via an ACC6300 form. Verbal authority must not be used.
has a treatment injury and we need to request significant amounts of information - we will need to obtain external clinical advice and to do this we will send medical information to the clinician.	only obtain authority via an ACC6300 form. Verbal authority must not be used.
has communication or comprehension obstacles (e.g. limited understanding of English), and/or: any disability limiting the client's comprehension or communication (for example, hearing loss, moderate-severe head injury).	only obtain authority via an ACC6300 form. Verbal authority must not be used.
has any of the following: <ul style="list-style-type: none"> • advocacy involvement • active review cases • active care indicators anything to identify trust issues with ACC in the past	only obtain authority via an ACC6300 form or MyACC. Verbal authority must not be used.

Progressing from Verbal Authority to an ACC6300

You should be constantly evaluating whether an ACC6300 is required during the first 12 months. For example, if the client

now requires a mental injury assessment and we need to collect pre-injury mental health notes, you should obtain an ACC6300. The following examples will support you in your decision making. Again, judgement is required. If in doubt, speak with your Privacy Advisor.

If the client...	then...
has an active claim which has been open for more than 12 months and you still need to collect some information.	progress to an ACC6300 via form or MyACC.
<p>has a claim that now requires the need for pre or post-injury medical notes about mental health or other medical conditions that may be impacting on the covered injuries – especially if the information is needed for the following:</p> <ul style="list-style-type: none"> • Mental injury assessment • Neuropsychological assessment <p>Requested by a medical advisor, psychologist or psychiatrist, internal or external.</p>	progress to an ACC6300 via form or MyACC.
has a claim that now requires the collection of information that may be delicate in nature, e.g. gynaecological or fertility related.	progress to an ACC6300 via form or MyACC.
has a treatment injury and we now need to obtain external clinical advice and to do this we will send medical information to the clinician.	obtain authority via an ACC6300 form.

Providers

Some providers may be reluctant to disclose information unless they see a written authority.

If the provider...	then...
will not release information to ACC on the basis of an ACC45.	obtain authority via an ACC6300 form.

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ACC6300



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

Authority to collect medical and other records

Please complete this form to authorise ACC to collect relevant medical and other records about your claim.

When you've finished, please return this form to claimsdocs@acc.co.nz or your closest Mail Centre:

If you live in Northland, Auckland, Waikato or Bay of Plenty:

- PO Box 952, ACC Hamilton Hub, Hamilton 3240

If you live in Taranaki, Manawatu-Wanganui, Hawke's Bay, Wellington or the South Island:

- PO Box 408, ACC Dunedin Hub, Dunedin 9054

1. Client details

Client name: [Client full name auto]

Claim number: [Claim number auto]

Date of birth: [Date of birth auto]

Date of injury/event: [Date of injury auto]

Address:

[Address Line 1 Auto]

[Address Line 2 Auto]

[Address Line 3 Auto]

[Post Code Auto]

2. Collecting your medical and other records

Why we ask for your authority to collect your medical and other records

To establish your entitlement to compensation, rehabilitation and treatment we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional or employer. We need your authority to collect them.

These records could include:

- medical reports
- details of your accident
- medical history relevant to your claim
- specialist reports and assessments
- your employment details and history
- tax records.

In each case, we'd only seek records that are or may be relevant to your claim during the life of your claim.

We'll let you know about the types of records we need to collect, and why we need to collect them to make these decisions about your claim. Please contact us if you'd like to discuss this further.

How you can provide your authority

You can either sign this form or contact us if you'd like to discuss other ways to provide your authority. These may include for example, setting the duration of your authority or asking us to contact you for authority on a case by case basis.

Collecting and using your personal information

ACC collects your personal and health information to assess whether your claim is covered under the ACC scheme, to manage your claim, and to assess and provide appropriate rehabilitation, treatment, and compensation to you. We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001 (including research, policy development, maintaining a claims database, systems testing, levy setting, internal processes including investigations, training and processing information requests).

ACC6300 Authority to collect medical and other records

ACC may need to obtain medical and other records about you from third parties such as your General Practitioner (GP), specialists, other medical professionals or treatment providers, or your employer.

Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements. Under the Accident Compensation Act 2001, you must provide information that is relevant to your claim when ACC reasonably requires you to provide it. ACC may decline to provide any entitlement if you unreasonably refuse to give ACC any relevant information or to authorise ACC to obtain records that may be relevant to your claim.

ACC shares personal and health information with other agencies for the purposes of managing claims and entitlements, to fulfil our other statutory functions, and in other situations where permitted or required by law. These agencies include government agencies, external providers (eg treatment providers) and your employer (including for non-work related injuries).

You have the right to access and request correction of personal and health information that ACC holds about you.

The Privacy Act 2020 and the Health Information Privacy Code 2020 apply to your personal and health information. Further details of how and why we collect, use, store and disclose information are set out in our Personal Information and Privacy Policy, which may be viewed on our website acc.co.nz/privacydisclaimer.

For more information about privacy, to request access or correction of your personal and health information, or if you have a question or concern, contact us:

privacy.officer@acc.co.nz

The Privacy Officer
Accident Compensation Corporation
PO Box 242
Wellington 6011

3. Declaration

Please read and sign the following declaration:

I declare:

- that the information given in this form is true and correct and that I have not withheld any information likely to affect my application. I will inform ACC of any change in circumstances which may affect my entitlements.

I authorise:

- ACC to collect the following information and to use and disclose it in an accordance with the purposes set out above and in ACC's Privacy Policy:
 - medical and other records which are or may be relevant to my claim
 - details of my accident
 - tax records, employment details and history which are or may be relevant to my claim
 - the holders of such information to provide it to ACC
 - the treatment provider to lodge this claim for me

Client name: [Client full name auto]

Claim number: [Claim number auto]

Signature:

Date:

4. Client representative's declaration

If applicable, please read and sign the following declaration:

I declare that I have authority to consent on behalf of the client to the collection of medical and other records that are or may be relevant to the client's claim. I authorise ACC to collect medical and other records which are or may be relevant to the client's claim.

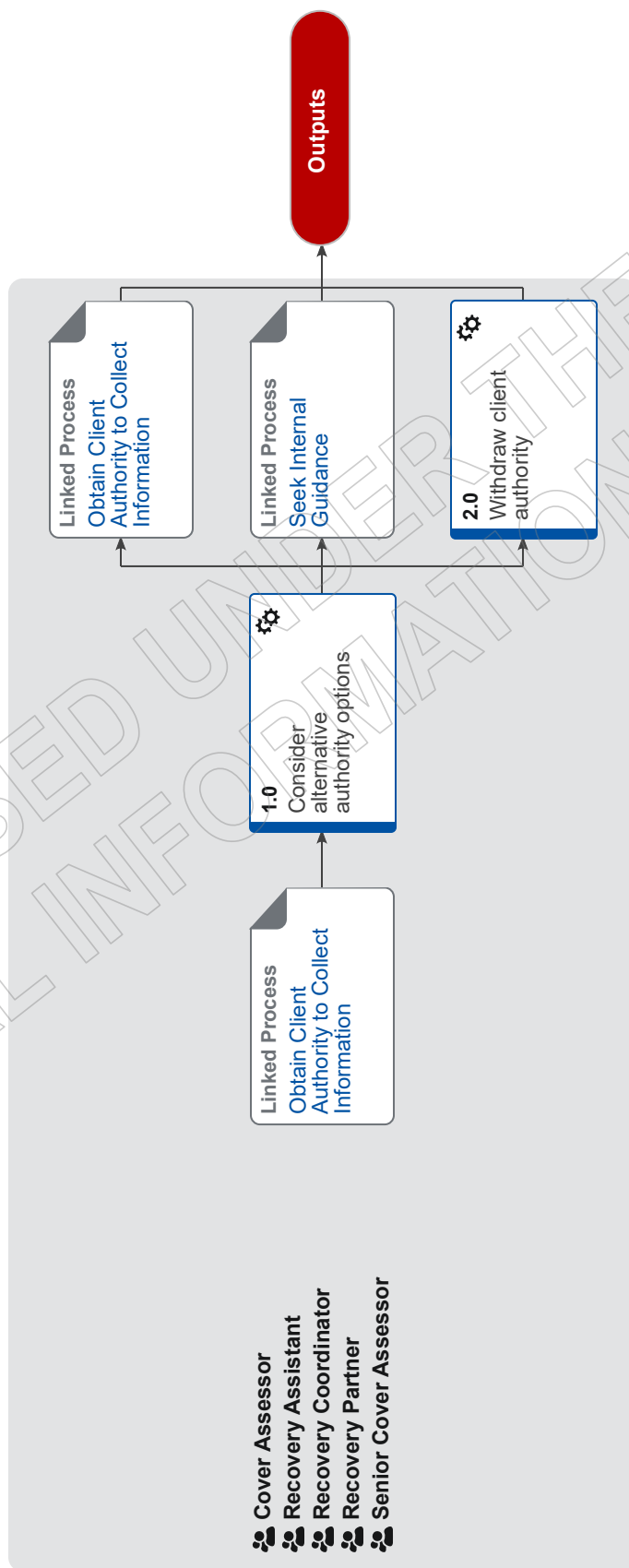
ACC6300 Authority to collect medical and other records

Signature:		Date:
Representative's name:	Phone number:	
What is your relationship to the client?		
Why is the client unable to sign this form?		

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Decline or Withdraw Client Authority to Collect Information

v18.0



Decline or Withdraw Client Authority to Collect Information

v18.0



Summary

Objective

To decline or withdraw client authority to collect medical or other information at the client's request.

Background

At any stage of a client's journey, they can decline to give authority to ACC to gather information about them. A client can also give authority but then change their mind and withdraw their authority at a later stage.

Use this process to support a client who either:

- declines to give authority to collect medical and other relevant records; or
- withdraws authority to collect medical and other relevant records.

Owner

[Out of Scope]

Expert

Procedure



PROCESS

Obtain Client Authority to Collect Information

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

1.0 Consider alternative authority options

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

- Discuss with the client why they would like to withdraw or decline their authority. If you are required to collect information, discuss the information which ACC needs to collect and why it's necessary for that information to be obtained to progress the claim.
- Ask the client to review the ACC6300 terms on the paper form or via MyACC and consider agreeing or providing alternative authority (conditions).



Privacy - Authority Principles



ACC6300 Authority to collect medical and other records

NOTE What if the client agrees to provide authority?

Go to the Obtain Client Authority to Collect Information process to complete this. This process ends.

PROCESS Obtain Client Authority to Collect Information

NOTE What if the client declines all authority options?

Consider the following questions and ensure you have answered them with the client before progressing:

- Why do you need to request the information?
- What will the information be used for?
- Is it reasonable for you to request it?
- Why is the client declining to give authority for you to collect the information?
- Is the client's decline reasonable or unreasonable?

Go to the Seek Internal Guidance process below to assist you further.

PROCESS Seek Internal Guidance

NOTE What if the client wants to withdraw their current valid authority?

Go to Activity 2.0 Withdraw client authority.



PROCESS

Obtain Client Authority to Collect Information

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor



PROCESS

Seek Internal Guidance

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

2.0 Withdraw client authority

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

- Explain that we'll withdraw the authority for this claim. Advise them that if we need to obtain further information, we'll contact them to seek further authority at a future date.
- In Eos, edit the current Consent Record and change it to Withdraw.



Edit Consent Conditions

- c Provide the reason the client has withdrawn the authority on their Recovery Plan notes.
-

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