This report should be completed by the Lead Service Provider when a kiritaki (client) is no longer attending assessment or treatment services provided under the Sensitive Claims Service.

Please refer to the Sensitive Claims Service operational guidelines and report guidelines on our website: [www.acc.co.nz/resources](https://www.acc.co.nz/resources#/subcategory/372). Return the completed report to [sensitiveclaimsreports@acc.co.nz](mailto:sensitiveclaimsreports@acc.co.nz)

|  |  |
| --- | --- |
| 1. Kiritaki details | |
| Kiritaki name: | |
| Date of birth: | Claim number: |
| Contact details/safe contact where appropriate: | |

|  |  |  |
| --- | --- | --- |
| 2. Disengagement details | | |
| Please indicate what service the kiritaki disengaged from: | | |
| Getting Started | Early Supports | Short-term Support to Wellbeing |
| Support for Next Steps | Cover and Wellbeing Plan | Specialist Cover Assessment |
| Tailored Support to Wellbeing | The last date the kiritaki attended a session: | |

|  |
| --- |
| 3. Rationale |
| Please indicate why the engagement is being closed. Tick any or all that apply, use the ‘Other’ section if an alternative reason is needed. |
| The kiritaki has not attended scheduled sessions |
| ☐ The kiritaki doesn’t reply to phone messages/texts/emails/standard mail |
| The kiritaki has said they don’t want any further services |
| The kiritaki has said they are not ready to engage in ACC services |
| The kiritaki doesn’t meet the criteria for ACC funded services and has completed Support for Next Steps |
| Other (please specify): |
| Please provide any additional information you have about why the kiritaki left the service. |
|  |

|  |
| --- |
| 4. Kiritaki safety or other important information |
| Please describe any actions that have been taken to ensure the safety of the kiritaki (if applicable). |
|  |
| Please describe any other information you think we need to know (if applicable). |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. Provider declaration | | | |
|  | I confirm that the information contained in this report is accurate and that I have followed the standards set out in the Sensitive Claims Service operational guidelines. | | |
| Lead Service Provider name: | | | Provider ID: |
| Supplier name: | | Supplier ID: | Date: |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.