# Request / Release of Personal Information

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| **Client details** | | | |
| **Family name** *include maiden name* | |  | |
| **First name(s)** *include aliases/other known names* | |  | |
| **NHi** |  | **Date of birth** |  |
| **Home phone** |  | **Mobile phone** |  |
| **Residential address** |  | | |
| **Postal address** |  | | |

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| **Requestor details** | | | |
| **Name** *if different from client* |  | | |
| **Residential address** |  | | |
| **Postal address** |  | | |
| **Home phone** |  | **Mobile phone** |  |
| **Date information required if urgent** *(not ASAP)* *must include reason*  Date:  Reason: | | | |

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| **Information requested** | | | | |
| Date of funding application |  | | | |
| **Information** | | **Verbal** | **Photocopy** | **View personally** |
| Copy of application | |  |  |  |
| Correspondence | |  |  |  |
| Review of application | |  |  |  |
| Copy of full file | |  |  |  |
| Other—please specify: | |  |  |  |

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| *This form and subsequent information are subject to the provisions of the Privacy Act 2020, Health Information Privacy Code 2020 and/or Official Information Act 1982. You will receive a reply within 20 working days unless deemed urgent.*  *Please note that the response, or an edited version of the response, may be published on MidCentral DHB website ten working days after your receipt of the response.* |

***Please Complete Details Over the Page***

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| **PLEASE NOTE: Proof of identity is required** with ALL requests for client information. If you are a Client authorising another person to act as your agent, proof of your agent’s and your own identity is required before Enable New Zealand can release information. **Enable New Zealand will accept one of the following as proof of identity**: - driver’s licence OR photo/signature page from valid passport OR other form of ID, e.g.: Community Services card. |

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| **Individual Client Request for Copy of Own Records** | | | |
| **Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  ***Proof of ID is required – attach to this form when returning it***. | | | |
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| **Parent / Guardian Request for Copy of Child(ren’s) Records** | | | |
| **Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  *please read statement below\* when signing*  **Relationship to Individual:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \****IMPORTANT****: I certify that there is no Court* ***Protection Order*** *issued in my name restricting access to the personal information I am requesting.* ***Proof of ID is required – attach to this form when returning it.*** | | | |
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| **Representative Request for Copy of Client’s Records Notes** | | | |
| **Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  *please read statement below\* when signing*  **Relationship to Individual:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***\*Proof that you are the representative*** *is required.* ***ATTACH*** *a copy of the Enduring Power of Attorney for personal care and welfare* ***OR*** *if the individual is deceased, a copy of the Will or Letters of Administration to this request form.* ***Proof of ID is required – attach to this form when returning it.*** | | | |
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| **Client Authorisation to Disclose Own Records to an Agent** | | | |
| I (insert name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorise release of my notes to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Proof of ID is required from both client and agent– attach to this form when returning it.*** | | | |
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| **Requestor’s Checklist** | | | |
|  | If you are a client requesting a copy of your own information, have you - (i) completed and signed the relevant section(s) on this form; and (ii) attached proof of ID? | | |
|  | If you are the representative requesting the client’s records, have you - (i) completed and signed the relevant sections on this form; (ii) attached a copy of the Enduring Power of Attorney OR the Will OR “Letters of Administration”; and (iii) attached proof of your own ID to this form? | | |
|  | If you are an agent requesting a copy of a client’s records, has the client – (i) completed the ‘Client Authorisation’. (see above) section on this form; (ii) provided proof of his/her ID for you to attach and send with this form; and (iii) have you attached proof of your own ID to this form? | | |
|  | If you are requesting a deceased client’s records, have you – (i) obtained authorisation from the deceased person’s “representative” for Enable New Zealand to release a copy of the records to you; (ii) attached a copy of the completed/signed authorisation; and (iii) attached proof of your own and the representative’s ID to this form? | | |
|  | **Post** completed form with all required attachments to: **Enable New Zealand**  PO Box 4547, Palmerston North 4442 |  | **OR E-mail** to: OIA@midcentralDHB.govt.nz |
|  | **OR Deliver** to: Enable New Zealand, 585 Main Street, Palmerston North |

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| **OFFICE USE ONLY** | **ID Verified**: Yes / No **Form of ID**: Driver's Licence / Passport / Other ID – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Request is AUTHORISED** Yes / No **Specify Reason if NO: (OR see attached letter)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date Information Released** \_\_\_\_\_\_\_\_\_\_\_\_\_ **OR if information delivered to applicant in person:**  **Name & Signature of person receiving information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name & Signature of staff member processing request**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_ |

**Personal Representative Authorisation to Release a Copy of a Deceased Person’s Information**

*This form MUST be completed by the deceased person’s “representative”*

Under the Health Information Privacy Code 2020, Enable New Zealand cannot release information about a deceased person unless it is being released to, or has been authorised by, the deceased person’s “representative”.

The term “representative” refers to a “personal representative”. This is a legal term referring to the deceased person’s executor or administrator.

The representative must authorise Enable New Zealand to release a deceased person’s information before that can be done. The representative must complete the three parts set out below in this form, i.e., A, B, and C, and provide a copy of the “Will” or “Letters of Administration” as proof that s/he is the deceased person’s representative. The representative must also provide proof of his/her own identity i.e., copy of his/her driver’s licence OR photo / signature page from his/her passport OR other form of ID e.g.: Community Services card.

The requestor should **attach this form** together with all **other required information and attachments** (i.e., proof of your own and the representative’s ID) **to the “Request / Release of Personal / Medical Information” form** when posting or emailing it to Enable New Zealand.

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| **A.** | I am the Executor (Will attached) OR Administrator (Letters of Administration **attached**) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who died in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print deceased person’s name Print year or date of death** | |
| **B.** | I authorise Enable New Zealand to release the information indicated on the “Request / Release of Personal / Medical Information” form (**attached**) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print name of person the information is to be released to** | |
| **C.** | **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone:** Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **D.** | | I **attach** a copy of the Will / Letters of Administration **(delete one)** as proof that I am the deceased person’s representative. |
|  | | I **attach** a copy of my Driver’s Licence / Passport / Community Services card **(delete inapplicable options)** as proof of my own identity. |