

Protecting your privacy and the confidentiality of your personal information is of upmost importance to Howden as it is fundamental to the way we conduct business.

Howden Care Privacy and Consent Statement

Your employer is an Accredited Employer of the Accident Compensation Corporation (ACC). This means they are authorised to manage work injury claims for their employees. Your employer has partnered with Howden Care to help arrange medical treatment and rehabilitation support, so you can stay at work or return to work safely where possible. To do this, we may need to collect information relevant to your injury from you directly or other sources (as explained below) and, where appropriate, seek input from other professionals.

We understand that personal and health information is private and important. We handle your information in accordance with the Privacy Act 2020 and the Health Information Privacy Code 2020.

This statement explains how we collect, use, store, share and manage your information. Please talk to your Howden Care Case Manager if you have any questions.

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

While we have already received initial details about your injury enabling us to contact you, to better assess your claim and understand what support you may be entitled to, we may collect relevant medical and other records about you. This may include information from you, your GP, other medical or rehabilitation providers, your employer, ACC, or another public sector agency.

We use this information to assess whether your claim is covered under the ACC scheme, manage your claim, and assess and provide appropriate rehabilitation, treatment and compensation. We may also use your information for other lawful purposes connected with our functions under the Accident Compensation Act 2001.

Examples of the types of information we may need include:

- medical and health reports and records
- details of your accident and injury
- medical history relevant to your claim
- specialist reports and assessments
- ACC injury and claim records
 - your employment details and history

We will let you know what information we need and why. Please contact us if you would like to discuss this further.

How we look after your information

Your information is stored securely and managed in line with the Privacy Act 2020, the Health Information Privacy Code 2020, and the Accident Compensation Act 2001.

Sharing and accessing your personal information

Howden Care may share your personal and health information with other agencies to manage your claim, assess entitlements, arrange rehabilitation or treatment, and meet legal obligations. This may include ACC, government agencies, external providers and your employer, where necessary, permitted or required by law.

You have the right to access the information we hold about you and to request corrections if you believe it is inaccurate.

How you can provide your authority

A consent form is attached. Please sign and date the form and return it to your Howden Care Case Manager.

Providing consent is voluntary. However, if we are unable to access the information needed to assess or manage your claim, this may affect the support, rehabilitation, treatment or compensation available to you.

If you have concerns about providing consent, please talk to your Howden Care Case Manager. They can discuss your options with you.

How to get further information

For more information about how we collect, use and share your information, including when information is collected from sources other than you, please contact us.

You can also contact your Howden Care Case Manager if you have any questions or would like to request access to or correction of your information.

Consent for the collection and use of information by Howden Care

Name	Date of birth
Address	
Phone number	NHI number (if known)
Employer	
ACC45 number	Howden Care claim number
Diagnosis and side	
Case Manager	

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 claim. I will inform Howden Care of any change in circumstances which may affect my entitlements.

I authorise:

Howden Care to collect the following information and to use and disclose it in accordance with the purposes set out above:

- 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 Howden Care
- the treatment provider to lodge this claim for me

Signature	Date
Name	
Are you the injured person?	Yes No (if no, please fill in Representative's Declaration below)

Representative's Declaration

I have authority on behalf of the client to confirm that the information on this form is correct and give consent to Howden Care to collect, use, store and manage medical and other information relevant to the client's claim.

Relationship to client	
Why was client unable to sign?	
Representative's phone number	