ACC6173
Information disclosure checklist

Complete this checklist when preparing to disclose information to a client or third party. If you're providing a full or partial copy file, you must complete this checklist. If you're providing substantial or minor enclosures, it's optional. For more information about these enclosure types and when to use this form, see Privacy check before disclosing information (CHIPS).

When you've finished, sign the checklist and upload it to Eos.

PART ONE: REQUEST DETAILS

1. Client and request details				
Client full name: [Client full name auto]			Claim number: [Claim number auto]	
☐ The request is from an external party	Date of request: [dd month yyyy]		☐ This is an ACC-initiated disclosure	
External requestor's name:				
Delivery method:	☐ Collect from nearest ACC branch	☐ Post (CD or hardcopy)	☐ Courier	☐ Electronic file transfer to Fairway Resolution Ltd
Recipient name(s):				
☐ Additional copy required	Required for (specify client, advocate, review, lawyer, Fairway Resolution Ltd, appeal, other):			
Total number of copies requested:				
Document reference (eg INP05 letter and date):				

PART TWO: CHECKLIST

Before you start, remove all distractions, clear your work area of other papers or files, and divert your phone.

ACC6173 Information disclosure checklist

2. Right to receive

Complete this section before you look for the documents.

Tick one:	☐ The request is from the client	☐ The request is not from the client but the recipient(s) are authorised to receive the information

Have you discussed this disclosure with the client? ☐ Yes ☐ No

If no, provide the reason:

	Your initials:

3. Delivery details

Complete this section before you look for the documents.

Tick one:	☐ Branch for pickup confirmed	☐ Delivery address confirmed
☐ Delivery method confirmed		Your initials:

4. Content and privacy check

Identify information we're unable to disclose due to legal privilege, sensitivity or obligation of confidence, eg legal opinions, Eos documents uploaded as 'secure', information from protected sources. If in doubt, consult with a relevant authority, eg technical claims manager or unit manager.

☐ Eos documents checked	☐ Pathway claim records and activity logs checked for blocked out entries
☐ Print claim file report checked	☐ Virtual claim file (VCF) documents checked

Identify any personal or confidential information that should not be disclosed, eg other client name(s) on invoice, provider's address on referral letter, medical notes or review submissions referring to other clients, Pathway details relating to incorrect client or claim, or to a VCF record. If in doubt, consult with a relevant authority, eg technical claims manager or unit manager.

☐ Information about people other than the client has been removed	☐ Information about non injury-related conditions has been removed, if not relevant
☐ Information that may be harmful to the client has been removed (you must discuss this first with a medical professional who knows the client)	☐ Confidential details about the provider have been removed
☐ Content and privacy check completed	Your initials:

5. Prepare information

☐ Documents are readable	☐ No 'Post-it' notes attached to the documents	☐ Printed documents are in chronological order

☐ System-generated cover letter printed and included with the information, eg INP05, CLI06

ACC6173 Information disclosure checklist

☐ Documents are ready to package	Your initials:

6. Check package

☐ Recipient name and address is correct	☐ Courier envelope (if applicable) has a 'labelope' attached
☐ CD or package contains requested information only	☐ Courier envelopes correctly labelled with a CLI05 address label from Eos
☐ Information is double enveloped and both envelopes are correctly labelled	☐ 'Signature-required' sticker attached to courier envelope
☐ Items are correctly addressed, packaged and labelled	Your initials:

7. Double check (optional)

If required, ask another staff member to complete this section.

Name:	Signature:	Date:

PART THREE: FINAL DECLARATION

8. Declaration and signature

If you prepared the information, complete this section.

I understand that all records relating to the affairs of this client must be kept confidential, as required by the ACC Code of Conduct, the Privacy Act 1993, the Official Information Act 1982 and the Health Information Privacy Code 1994. I have completed the above checks and confirm that:

☐ all documents relate to the right client and the right claim

☐ any personal information relating to other individuals, or that we're not legally able to disclose, has been removed

☐ the information is addressed to the right person.

Name:	Signature:	Date:

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.