

Telehealth GP Services

Consultation Request

Last name

Given names

Date of Birth

Best Contact Number

Email Address

Home Address

Employer

Preferred Telehealth GP

Male

Female

No Preference

Preferred

Zoom (Video Conference)

Phone (Audio only)

Employee's Availability for Appointment

Date

Time

Consent for Collection and Release of Information

For the purposes of providing Telehealth GP Services, NZprovide will collect limited personal information from you. In collecting, accessing, using, handling and disclosing your personal information, NZProvide will at all times comply with the *Privacy Act 2020* (NZ) and the *Health Information Privacy Code 2020* (NZ) and all other relevant legislation as applicable in New Zealand from time to time. NZProvide will also comply with its own privacy policy, a copy of which is available at: <https://www.nzprovide.co.nz/privacy-policy>.

Personal information is any information about an individual from which their identity may reasonably be ascertained. The personal information NZProvide intend to collect from you includes (but may not be limited to) your name, date of birth, address, contact details and information regarding your health relevant to the services being provided to you or employer/potential employer. These services include:

- Telehealth GP Services

The 'Primary Purpose' of collecting your information is to provide you with the above service. Except as required by law, your personal information will not be used or disclosed to any third party without your prior consent other than for its intended Primary Purpose. Third parties to whom the information may be disclosed to effectively assist us in providing the Primary Purpose include:

- yourself;
- Any other third party associated with the service being provided to you (e.g. nominated treating doctor; other treating medical practitioner)

For any queries regarding this Privacy and Consent statement or for further information regarding the way NZProvide handles personal information, please contact 0508 697 768 (NZ) 1800 210 971 (Australia) or email info@nzprovide.co.nz.

Signature and Declaration

I authorise NZProvide to obtain my personal information that is relevant to the services being provided to me. This may include (but is not limited to) such information as my name, age, address, contact details, gender, employment, health and medical information.

I understand that in the collection, use and storage of this information, NZProvide will at all times comply with the *Privacy Act 2020* (NZ), the *Health Information Privacy Code 2020* (NZ), NZProvide's own Privacy Policy, and all other relevant legislation in force from time to time. I understand that in accordance with such legislation and policies, I have the right to access and alter any personal information about myself that NZProvide hold.

By providing my Personal Information to NZProvide, I consent to this information being disclosed by NZProvide or authorised agents of NZProvide to whatever third party NZProvide deems necessary to provide the Primary Purpose.

This authority is valid for the period of 12 months, starting from the date you signed this form. You will need to complete a new consent at the end of this period.

I have read and understood this Privacy and Consent Statement and agree to the collection, use and disclosure of my personal information by NZProvide as outlined above. I declare that all information I give to NZProvide pursuant to this form is, to the extent of my awareness, true and correct and I will not withhold any relevant information. If, subsequent to signing this form, any information I have provided becomes incorrect, I will endeavor to inform NZProvide of the inaccuracy.

Employee's signature

Date

Please return the completed referral form to: admin@nzprovide.com