CAREWAY // Consent Form

Please use BLOCK letters when completing this form.

CAREWAY Services Careway is an ACC funded programme that provides injured New Zealanders with better and faster access to free healthcare services including diagnosis, treatment and recovery.

Patient Details

Print Name *(in full)*

Email Address

Mobile/Phone

NHI Number *(if known)*

Date of Birth

Occupation

Company/Employer

Location of employment *(please specify suburb e.g. Pakuranga)*

Manager's contact details:

Name

Email

Contact Number

What type of work do you do?

- ☐ Sedentary *(brief standing and walking)*
- ☐ Light *(mainly standing and walking)*
- ☐ Medium *(often lift 5kg plus)*
- ☐ Heavy *(often lift 9kg plus)*
- ☐ Very Heavy *(often lift 22kg plus)*

Name of Family Doctor's GP Practice

Name of Your Family Doctor *(GP)*

By signing this consent form, you consent to and acknowledge the following:

☐ **Consent to receive Careway Services***

- I consent to enter the Careway programme. I acknowledge that I have received information about and understand the services that will be made available to me as part of the Careway programme.
- I acknowledge and agree to opt-out of Third-Party Administrator (TPA) claim management if my injury is not work-related but to date has been managed by my accredited employer. To that affect, I also acknowledge that if my injury is work-related and managed by my accredited employer, I am not eligible for Careway Programme.
- I agree to access available services from Careway Providers only (this also includes Occupational Therapist/ Vocational Consults etc.) while on Careway Programme. I agree to opt-out from services that I have been accessing from a non-Careway providers to date under ACC when accepted to the Careway Programme.
- I agree to make a commitment to actively engage with and complete the treatment and rehabilitation for the injury through the Careway Programme.
- I give my consent for the Careway Partners (My Accelerated Care Limited, HBHealthcare Pathways Limited, Manawatu ICP Limited, Wellington ICP Limited, Nelson-Marlborough ICP Limited and Southern Sports Orthopaedic Group Limited) to receive health/ rehabilitation/ return to work services from Careway Providers only and consent to the Careway Partners collecting, requesting, sharing and disclosing my personal information in relation to the services being provided to me. Key Parties that the Careway Partners may share and collect personal information with could include: the Selected Careway Providers noted below and any other Careway Providers (IDT Team) incl. Hospitals, General practitioner (GP), Employer and/or potential employer, Interpreters, Other health professionals (e.g. Pain Specialist, Occupational and Vocational Therapist), Referring Agency e.g. ACC, GP practice etc. and Community Organisations.

☐ **Privacy***

The Careway Partners comply with the Health Information Privacy Code 2020. All personal information is protected by the Privacy Act 2020. By Law, the Careway Partners must retain your health information for 10 years. You have the right at any time to access, check and correct, or ask for a copy of any health information about you held by the Careway Partners. I give my consent to the Careway Partners) to:

- Request and receive my health information from providers of health services and share relevant information that is related to my healthcare and is required by the third parties such as ACC, and for quality and audit purposes. This may also include verbal and written information about my past or current medical and/or rehabilitation, treatment, or employment.
- Communicate with me about my healthcare on the email or/and phone number above.
- Use the data collected during my Careway pathway for quality, auditing and research purposes. I understand that my data will be held securely.
- I acknowledge, understand and agree to the Careway Privacy Statement.
- I agree that to the best of my knowledge, the information I have provided to Careway is correct.

☐ **Employer consent***

I give my consent to the Careway Partners and identified Careway Provider (E.G. Occupational Therapist, Physiotherapist) to contact my employer and/or potential employer shall I require support with returning to work duties and share information relevant to the return-to-work service being provided to me. This may also include verbal and written information about my past or current medical and/or rehabilitation treatment.

☐ **General Practitioner (GP) and ACC funded providers consent***

I give my consent to the Careway Partners to advise my family doctor (GP) and other ACC funded providers (E.G. Chiropractor, Osteopath etc.) as appropriate, if I am receiving other ACC funded services, to contact them and advise about my care on the Careway Programme. This includes the Careway Partners requesting medical notes from my GP or other ACC funded providers that relate to my Careway covered ACC claim.

*__Note:__ Careway will only seek information and records that are or may be relevant to your ACC claim during the life of your claim.

For patients under 16 years of age, the Guardian must complete this section on patient's behalf.

Signature

Print Name *(in full)*

Today's Date

Relation to the Patient *(please state here if you are signing this consent form as patient's Guardian if they are under 16 years of age)*

Selected Careway providers

Please state which Careway providers you have selected for your care while on Careway pathway so we can share relevant information with them. You can view the full list of providers on our website: www.careway.co.nz/providers. Please note these must be Careway Providers.

Physiotherapist/ Hand Therapist — Name of Clinic — Name of Therapist *(if known)*

Surgeon *(if required)* — Name of Surgeon

Sports Physician *(if required)* — Name of Sports Physician

Occupational/ Vocational Therapist *(if required or if currently receiving these services under ACC)* — Name of Occupational/ Vocational Therapist — Name of Clinic

Other

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