

NEW ZEALAND DOCTORS HOLISTIC HEALTH COLLECTIVE

Patient Rights, Privacy & Consent to Treatment

This document explains how we fulfill our commitment to respect the privacy and confidentiality of your protected health information. This document also serves as legal consent to treatment.

This document tells you about the ways we may use and share your protected health information, as well as the legal obligations we have regarding your protected health information. It also tells you about your rights under the Code of Health and Disability Services Consumers' Rights and the Privacy Act 2020 (NZ). This applies to all records held by NZDHHC, regardless of whether the record is written, computerized or in any other form.

Your Rights

When it comes to receiving healthcare in New Zealand, you have certain rights protected by law:

- Right 1:** The right to be treated with respect.
- Right 2:** The right to freedom from discrimination, coercion, harassment, and exploitation.
- Right 3:** The right to dignity and independence.
- Right 4:** The right to services of an appropriate standard.
- Right 5:** The right to effective communication.
- Right 6:** The right to be fully informed.
- Right 7:** The right to make an informed choice and give informed consent.
- Right 8:** The right to support.
- Right 9:** Rights in respect of teaching or research.
- Right 10:** The right to complain.

Your Information

How do we typically use or share your health information?

Treat you: Your clinical health information is not passed to anyone outside the practice. However, if you need a lab test or a prescription, or are referred to a specialist or hospital,

some of your information will need to go to that other person or organisation. We can only share relevant health information with other professionals who are treating you. We do not automatically share information with your General Practitioner.

Run our organization: Non-clinical information (name, address etc) is used in invoicing and billing.

How to Access Your Notes

- You can request a printout of your notes.
- NZDHHC has 10 working days to provide these to you.
- You may request that information in your notes is corrected if you do not agree with it.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Terms of Trade & Consent to Treatment

I understand that:

1. I will continue to see the GP I am enrolled with, for usual medical care.
2. My consultations may include standard medical treatment, in addition to Complementary & Alternative Medicine (CAM) therapies including nutritional, nutraceutical and herbal therapies, as well as potential investigation and treatment of environmental factors. This may differ from current medical guidelines and may not be scientifically validated e.g. traditional or herbal medicine.
3. Consultations may be undertaken by tele-health or by phone. All consultations are billed using the same fee structure, based on time.
4. NZDHHC reserves the right to charge for missed appointments.
5. Payment of the account in full is due on receipt of invoice. Accounts not paid for by the due date listed on the invoice will incur a fee and may be referred to our debt collection agent. We reserve the right to add all costs of collection to your account. Payment defaults may also be listed with credit bureaus.

Legal References & Resources

Your rights as a healthcare consumer are protected under the Code of Health and Disability Services Consumers' Rights. For more information:

- **The Code and Your Rights:** www.hdc.org.nz/your-rights/the-code-and-your-rights
- **Easy Read Version (PDF):** [You Have Rights - Easy Read](#)
- **Privacy Act 2020 (NZ):** www.legislation.govt.nz

Acknowledgement & Consent

By signing below, I acknowledge that I have read and understood this document, including my rights, the privacy practices, and the terms of trade. I consent to receive treatment from NZDHHC.

Patient Name: _____

Signature: _____

Date: _____