

### 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.

### GP and ACC funded providers consent

You consent to us advising your family doctor (GP) and, if you are receiving other ACC funded services, you consent us to contacting your current primary provider and advising them of your entry into the Careway Programme.

Are you receiving other ACC funded services for this injury? ☐ Yes (please provide details below) ☐ No (continue on to GP details)

Provider Type (i.e. Surgeon, Physiotherapist, Sports Physician, Occupational Therapist)

Name of Other ACC Provider

Name of Family Doctor's GP Practice

Phone Number of Family Doctor's GP Practice

Name of Your Family Doctor (GP)

Your GP Email Address (if known)

### Privacy

Careway complies with the Health Information Privacy Code 2020. All personal information is protected by the Privacy Act 2020. By Law, we 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 Careway. You consent to Careway sharing relevant information that is related to your healthcare and is required by the third parties such as ACC, and for quality and audit purposes. You consent for Careway to communicate with you about your healthcare on the email or/and phone number below. You acknowledge that you understand, and agree to, the Careway Privacy Statement.

### Consent to receive Careway Services

You consent to entering the Careway programme. You acknowledge that you have received information about and understand the services that will be made available to you as part of the Careway programme. You agree to only access these services from Careway Providers.

☐ You agree to the above and to the best of your knowledge the information that you have provided to Careway is correct.

Occupation  Employer

Do you work for an accredited employer? (please tick) ☐ Yes ☐ No ☐ Don't Know

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)

For patients under 18 years of age, the Guardian must complete this section on patient's behalf.

Please write your name here to electronically sign

Print Name (in full)  Date

Email Address  Mobile/Phone

Relation to the Patient (please state here if you are signing this consent form as patient's Guardian)

### OFFICE USE ONLY

Name of Provider

Patient NHI (if known)