

Policy # 20.150	Policy Name: Health Information Clinical Validation Policy		Policy Status: Active
Review Period: 3 Yearly	Effective Date: Dec 2021	Approved by Board: Oct 2021	Public Facing: Yes

Prepared By: Murray Lord | CEO MANZ
Status: Policy Review
Review Version: 12-2021 – Review is due to establishment of the Health Information Privacy Code 2020
Legal Review: This policy was subject to an Independent Privacy Law Compliance Review

Health Information Clinical Validation Policy

The Foundation recognizes maintaining the integrity of health information is imperative to retain the trust and confidence of Healthcare Professionals and Emergency Services, who may rely on this information when making diagnosis and treatment decisions, in the best interests of Members, health, welfare, safety and rights.

MedicAlert Foundation is a Health Information Agency. The Health Information Privacy Code 2020 (“the Code”), Section 2, Rule 7 (2) states:

“A health agency that holds health information must, on request or on its own initiative, take such steps (if any) that are reasonable in the circumstances to ensure that, having regard to the purposes for which the information may lawfully be used, the information is accurate, up to date, complete, and not misleading”.

Our Policies

- To protect the clinical integrity of health information as defined in the Code, and ensure ongoing compliance with the law, the Foundation will only accept medical information from a suitably qualified registered health professional.
- The Health Professional’s college registration number or Ministry of Health assigned Health Practitioner Index (“HPI”) number is required to certify qualification to supply and be a source of clinically validated health information.
- Health information can be supplied using the following methods:
 - A printed MedicAlert form, completed and stamped by the Health Professional who supplies the information.
 - An official Medical Certificate supplied by a Healthcare Provider Organisation.
 - A Pharmacy dispensed medications receipt.
 - A Medical Discharge Report from a Hospital Facility.
 - An email received directly from a Health Professional at a Healthcare Provider Organisation.
 - A MedicAlert Foundation approved Secure Connected Health IT electronic Referral, or Update; or
 - Direct entry of health information by a Health Professional with pre-approved authority to access a MedicAlert Foundation Health Information Portal (if available).
- The Foundation uses nationally approved clinical terminologies such as [SNOMed CT](#) and the [NZULM](#) to validate health information received by the Foundation electronically. This mitigates potentially serious medical information integrity issues caused by misspelling or miscommunication of a medical problem.
- For National Health Service, Secure Connected Health IT Services, Health Consumer Identification and Validation, a Health Consumers National Health Index (NHI) number is required and stored on the Member’s file.

- Your MedicAlert ID number provides access to your NHI number, Identity Information, Emergency Contacts, Enrolled GP, clinically validated health information and Emergency Documents like an Advance Directive, Enduring Power of Attorney, or Emergency Medical Action Plan by Healthcare Providers and Emergency Services (as available and appropriate).
- For protection of your identity and privacy the Foundation does not routinely engrave NHI numbers, personal names, or residential addresses onto MedicAlert® Medical IDs, as they are intended to be worn/used in a public facing manner which may expose you to an increased risk of a privacy breach and/or identity fraud.
- 'Schedule A' of this policy provides a standard waiver form which, if duly completed by the Member, their legal guardian, or Attorney and returned to the Foundation, authorises the Foundation to engrave an NHI number and/or Personal details onto the Member's MedicAlert® Medical ID at the Member's request and despite the risks identified above.
- You have the legal right to request your information be corrected, if you believe it is incorrect. The Foundation may require your information to be corrected by your Healthcare Provider first and then forwarded to the Foundation, if the Foundation believes your Healthcare Provider may be the source of the error.
- You may request that specific health information is not shared by the Foundation, where such information is not considered to present a medical risk to you or another person responding to assist you in an emergency situation. Remember the Foundation is legally required to provide accurate and complete information, which is not misleading. There are some situations in which the Foundation may be required to share specific personal information in accordance with the Code and the law, despite your request to the contrary. **Other Important Service Information**
- Your Clinically Validated health and personal information, securely stored on file with the Foundation, is accessible
24/7/365, through Secure Connected Health IT Services and the Emergency Hotline Number, engraved on every Member's MedicAlert® Medical ID, via the Central Emergency Ambulance Communications Centre, based in Wellington. Circumstances which are present when release of information is requested, are considered in your best interests, before information is disclosed through the Hotline Service.
- Healthcare Providers that have Health IT Services that securely connect to MedicAlert Foundation, can provide automatic updates when your health information changes. Please ask your Doctor to submit a MedicAlert® eReferral to activate this service.

What we expect from you (Members)

- We ask that you are respectful when engaging with the Foundation's staff and Members, and you provide information requested so reasonable consideration can be given to your requirements and informed decisions made.
- Please remember the Foundation's staff are employed to service all Members. This policy was adopted by Members for the Foundation's staff and Members to respect and follow.
- If you change Doctors, you (Member) will need to tell your new Doctor to submit a MedicAlert® e-Referral to activate your automated health information updates from the new Doctor's practice.

End.

Schedule A



MedicAlert Foundation – New Zealand Incorporated
PO Box 40028,
Upper Hutt 5018
Free Phone: 0800 840 111

Date: [Date]
Attn: [Employee Name]

The Board of Directors
MedicAlert Foundation – New Zealand Incorporated
PO Box 40028,
Upper Hutt 5018

Email: Privacy@MedicAlert.co.nz

Once completed, please return by post or email to the Foundation.

[Member Name]
[Address 1]
[Address 2]
[Address 3]
Email: [email]

MedicAlert ID: NHI Number:

Privacy and Identity Waiver for Engraving of NHI Number and/or Personal Details onto MedicAlert® Medical ID

Dear MedicAlert,

I acknowledge and confirm that a representative of the MedicAlert Foundation (“the Foundation”) has provided me with a copy of the Foundation’s Health Information Clinical Validation policy and informed me of the increased risk of a privacy breach or identity fraud against me that may result from my request to engrave my personal name, residential address, and/or NHI Number onto a MedicAlert® Medical ID (“the Medical ID”).

I acknowledge that the Medical ID is designed and intended to be worn /used in a manner which is always public facing and located on a pulse point, to protect my health, welfare, safety, and rights.

Despite the above, I request that the Foundation please engrave, subject to available space, the following personal information onto the Medical ID I have chosen:

Please tick and complete as required

<input type="checkbox"/>	My NHI number
<input type="checkbox"/>	My personal name being _____
<input type="checkbox"/>	My residential address being _____

I give my consent in accordance with the Privacy Act 2020 for the Foundation to engrave the above personal information onto my Medical ID, and I indemnify the Foundation against all liability resulting from or in relation to my instructions to create, and/or my wearing of, the Medical ID.

Name _____ Date _____
Signature _____
Relationship (if signed on behalf of Member) _____