Feilding Health Care must comply with the requirements of the Privacy Act 1993 and the Health Information Privacy Code 1994.

In accordance with this legislation, there are limitations on who health information can be disclosed to.

Information can be disclosed to:

- · The individual concerned.
- The individual's representative where he/she is unable to exercise his/her rights.
 A representative may include:
 - The parents or guardian of a child under 16 years old.
 - A person to be lawfully acting on the individual's behalf or in his/her interests where the individual is unable to give consent or authority.
- Where the individual, or his/her representative authorises disclosure to another person.

In order for Feilding Health Care to ensure we are disclosing health information appropriately, we may need to discuss the situation with the individual concerned. We will need to get his/her permission to provide you with a response, if you are providing feedback on behalf of another person.

Furthermore, there may be times that we request proof that you are the individual's representative. This is to protect the individual from the unwarranted disclosure of his/her health information and to meet our obligations.

IF POSTING , APE FORM CLOSED AFFIX STAMP HFR

> Feilding Health Care PO Box 8 Feilding 4740



TELL US WHAT YOU THINK

Compliments, Complaints, Suggestions



Tell us what you think

Feilding Health Care is committed to providing quality services to the community.

Your feedback assists us to do this.

COMPLIMENTS are sincerely appreciated.

COMPLAINTS give us the opportunity to continually assess and improve the services we provide.

SUGGESTIONS are always welcome.

You may make your compliments, complaints and/or suggestions by:

- Completing this form and dropping
 into our feedback box at Feilding
 Health Care
- 2. Accessing our online form at www.feildinghealthcare.nz
- 3. Emailing to hello@fhc.nz

Tell us the details

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PLEASE TICK

| PLEASE TICK | | | | |
|---|---|------------|--|--|
| Compliment | Complaint | Suggestion | | |
| Your name | | | | |
| Your address | Street or rapid (rural) number and name of street | | | |
| | Suburb | | | |
| | City/Town | Postcode | | |
| Home phone | | | | |
| Mobile | | | | |
| Date of visit | | | | |
| hello@fhc.nz N www.feildingh www.facebook | ealthcare.nz c.com/FeildingHealthCa | ıre | | |
| OFFICE USE ONLY | | | | |
| Date feedback r | eceived | | | |
| Registration nur | nber | | | |
| Confirmation th acknowledgmer is sent | | | | |
| Name of person | to | | | |