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. Feilding Health Care PO Box 8 Feilding 4740

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TAPE FORM CLC & AFFIX STAMP I

FEILDING HEALTH CARE Hauora Tangata

# 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

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		

If you have not heard from us within five working days, please contact us on **o6 323 9696.** 

If you would like to use a local, independent advocate, phone **o6 353 7236** or **o8oo 555 050.** 

E hello@fhc.nz

W www.feildinghealthcare.nz

F www.facebook.com/FeildingHealthCare

### OFFICE USE ONLY

Date feedback received

Registration number

Confirmation that acknowledgment is sent

Name of person to follow up

Version 1.0 - 06/2016

Please attach extra pages if necessary.