ACC 32

Request for prior approval of treatment

ACC 32 number **M 12345**

Treatment providers complete this form to request and validate ongoing treatment on behalf of the patient, or to request an alteration in diagnosis.

PLEASE INDICATE ○ Treatment only ○ Additional diagnosis plus treatment ○ Additional diagnosis only

SECTION 1 – PATIENT DETAILS

ACC45 number | **OR** ACC claim number

Date of injury (DD MM YYYY)

First name(s) | NHI number

Last name

Postal address (Street)

(Suburb) (City + Postcode)

Date of birth (DD MM YYYY) | Occupation

Phone **WORK** (Area code O) (Number) **HOME/ MOBILE** (Code O)

Email address

SECTION 2 – TREATMENT DETAILS

Read code(s)

Treatment profile | Number of treatments given to date

Number of additional treatments requested: Regulation | PT02 | ○ PT01 ○ PT05

Hand 1 | Hand 2 | Splinting of hand ($)

READ CODE(S) TO BE ADDED *(Complete the first four sections of Section 4 and attach supporting clinical notes)*

SECTION 3 – HISTORY, EXAMINATION AND DIAGNOSIS

Initial diagnosis

How did the injury occur?

Current diagnosis or new additional diagnosis *(include a precise description of the current condition and if appropriate, why the current diagnosis differs from the original injury. For new Read codes, provide a full explanation of why these were not confirmed at the time of claim lodgement)*

Provide a full explanation as to why you think the condition as presented today, or the new Read code being added, is related to the covered injury *(a causal link needs to be established in order for ACC to consider if the condition requiring treatment is related to the covered injury)*

Why has the condition not resolved within the treatment profile trigger number/treatment limit or within the expected timeframe? *(include pre-existing factors)*

SECTION 4 – CURRENT STATUS, MANAGEMENT AND PROGNOSIS

List measurable goals achieved as a result of treatment to date *(if the patient has been treated at your clinic)*

A) Signs and symptoms	B) Function

List current measurable limitations *(from this injury)*

A) Signs and symptoms	B) Function

Goals *(current, specific and measurable)*	Treatment plan *(include self-management)*	Expected timeframe *(include treatment frequency)*
A) Signs and symptoms		
B) Functional		

○ Please attach relevant medical information (e.g. x-ray reports, medical notes)

Recommendation for further management if treatment goals not met?

SECTION 5 – PATIENT DECLARATION

I declare:

- that the information given in this form is true and correct and that I have not withheld any information likely to affect my application. I will inform ACC of any change in circumstances which may affect my entitlements.

I authorise:

- ACC to collect the following information and to use and disclose it in accordance with the purposes set out above and in ACC's Privacy Policy:
  - medical and other records which are or may be relevant to my claim
  - details of my accident
  - tax records, employment details and history which are or may be relevant to my claim
  - the holders of such information to provide it to ACC
  - the treatment provider to lodge this claim for me

Patient's signature | Date (DD MM YYYY)

SECTION 6 – PROVIDER DECLARATION

Name of treating practitioner/address or stamp and provider stamp

Provider type

ACC Provider ID

ACC Vendor ID

Phone (Area code O) (Number) | Provider email

This treatment is for the personal injury for which the patient has cover. The treatment is for the purpose of restoring the patient's health to the maximum extent practicable, and is necessary, appropriate, and of the quality required for this purpose.

I have discussed the treatment options with the patient and advised why the recommendation is the appropriate treatment in this case.

Provider's name (First name) (Last name) Please print clearly

Provider's signature | Date (DD MM YYYY)

The information collected on this form will only be used to fulfil the requirements on the Accident Compensation Act 2001. In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.

Please return to ACC Hamilton Service Centre, PO Box 952, Waikato Mail Centre 3240 or email to claimdocs@acc.co.nz

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Treatment provider copy. Please retain this copy for your files.

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Client copy. Please give this copy to your patient after signing.

Important information

PATIENT Collecting and using your personal information

ACC collects your personal and health information to assess whether your claim is covered under the ACC scheme, to manage your claim, and to assess and provide appropriate rehabilitation, treatment, and compensation to you. We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001 (including research, policy development, maintaining a claims database, systems testing, levy setting, internal processes including investigations, training and processing information requests).

ACC may need to obtain medical and other records about you from third parties such as your general practitioner (GP), specialists, other medical professionals or treatment providers, or your employer.

Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements. Under the Accident Compensation Act 2001, you must provide information that is relevant to your claim when ACC reasonably requires you to provide it. ACC may decline to provide any entitlement if you unreasonably refuse to give ACC any relevant information or to authorise ACC to obtain records that may be relevant to your claim.

ACC shares personal and health information with other agencies for the purposes of managing claims and entitlements, to fulfil our other statutory functions, and in other situations where permitted or required by law. These agencies include government agencies, external providers (e.g. treatment providers) and your employer (including for non-work related injuries).

You have the right to access and request correction of personal and health information that ACC holds about you.

The Privacy Act 2020 and the Health Information Privacy Code 2020 apply to your personal and health information. Further details of how and why we collect, use, store and disclose information are set out in our Privacy notice which may be viewed on our website: https://www.acc.co.nz/privacy/our-privacy-notice/.

For more information about privacy, to request access or correction of your personal and health information, or if you have a question or concern, contact us: privacy.officer@acc.co.nz

The Privacy Officer
Accident Compensation Corporation
PO Box 242
Wellington 6011