

Request to restrict access

Request to change access restrictions on immunisation information in the Aotearoa Immunisation Register.

About the Aotearoa Immunisation Register

The Aotearoa Immunisation Register (AIR) is the national register for immunisation records and information. It is managed by Health New Zealand – Te Whatu Ora (see [tewhatauora.govt.nz](https://www.tewhatauora.govt.nz)). If a person receives or declines an immunisation, this is recorded in the AIR.

Your immunisation history will only be available through the AIR to people with AIR logon access rights. These people include people involved in managing or administering vaccines (such as vaccinators and administration staff) and other healthcare providers (such as your doctor and hospital staff).

Your immunisation history is available through the AIR to healthcare providers so they can provide better advice and service to you, including advising if you are up to date with your immunisations.

Health New Zealand may contact you about immunisations, for example to let you know when you're eligible for free immunisation services and when they are due.

Health New Zealand also uses information in the AIR to better understand population immunisation rates against some diseases (e.g., Measles), to plan and improve health services, and to manage public health risks.

For more detail on the AIR and how your information is managed, please refer to the full Aotearoa Immunisation Register Privacy Statement at [tewhatauora.govt.nz/air-privacy](https://www.tewhatauora.govt.nz/air-privacy)

Restricting access to your immunisation information in the AIR

If you wish to limit how your immunisation history will be accessed, you can request that access to your information is restricted. If you change your mind, you can lift restricted access.

The process to implement restriction and lift restriction can take up to 20 days.

As part of a request to restrict access, you can ask Health New Zealand to provide you with your immunisation history that is held in the AIR (see 'Managing your own immunisation information' page 2).

Dependents

You can request to restrict access to the immunisation history for children in your care (aged 16 years and under), or other dependents, if you have legal authority to do so.

You can also request your child's immunisation history that is held in the AIR. Proof of relationship must be supplied.

Please note that if you are listed as a contact person for someone who does not have restricted access in the AIR, you may still be contacted about that person's immunisations. If asked to by your doctor or other healthcare provider, Health New Zealand may also contact you about free immunisations for children in your care (see 'What you need to know' page 2).

What you need to know

If you restrict access to your immunisation records and information:

- Health care providers (including your doctor and other vaccinators) will not be able to view your full immunisation history in the AIR. They will only be able to view records about the immunisations they have given you at their facility.
- The AIR will not share your immunisation records with your doctor if you receive an immunisation from a different health provider.
- Immunisations that you receive will still be recorded in the AIR. Where the record does not meet data standards, this will be corrected by authorised Health New Zealand staff. Once resolved, the immunisation record will become restricted.
- Health New Zealand will not proactively contact you about immunisation services unless there is an emergency to prevent a serious threat to you or others.
- However, your doctor and other health services may still contact you about immunisations or may ask Health New Zealand to do so. If you do not want your doctor to contact you about immunisations please speak with them.
- You will not be able to access your immunisation records via My Health Record (my.health.nz) but you can still ask for these records. Please see the 'Request to receive immunisation records held in the AIR' form below. Requests may take up to 20 days to be completed.
- Your immunisation records in the AIR may still be used by Health New Zealand for data analysis and reporting, but you will not be identified.
- Health care providers may not have access to your full immunisation history, which could affect the services and care they provide to you, this includes public health advice on quarantine measures and advice on what vaccines you are due to receive.
- Health New Zealand won't proactively contact you about immunisation services you're eligible for or send immunisation reminders. However, your doctor may continue to do this unless you ask them not to.
- We recommend that you keep your own records and inform healthcare providers about your immunisation history. Please see 'Managing your own immunisation information' section below.
- Having a copy of your immunisation records will be important in some situations, for example if you are identified as a contact of someone with an infectious disease such as measles. In these situations, if you do not have your vaccination records available you may need to quarantine until your immunity can be confirmed. Please note that quarantine means you must stay at home and not leave the house except to access health care.
- You might miss out on getting information about free immunisation programmes and whānau events.

What if there is an emergency?

Where possible, restricted access will only be lifted with your consent. However, there may be situations where it is not practical to do this such as in the event of an emergency which may seriously threaten your health or the health of others – such as a serious disease outbreak. In this case Health New Zealand reserves the right to access information needed to reduce that threat.

Things to consider

Before you choose to restrict access to your immunisation records, please consider the following:

Managing your own immunisation information

If you decide to restrict access to your immunisation history in the AIR, we recommend that you hold a copy of your full immunisation history. This can be requested on the same form that is used to request restricted access. You could also provide this to your nominated healthcare provider (such as your doctor) for them to hold if you wish.

You can request information held about your immunisation history in the AIR at any time by emailing h.nzprivacy@tewhatauora.govt.nz. Requests may take up to 20 days to be completed.

- You can find out information about immunisations, including those that may be free for you, on the Health New Zealand website (info.health.nz/immunisations) or talk to your healthcare provider.
- Information about vaccines given in Aotearoa New Zealand – info.health.nz/immunisations/vaccines-aotearoa

AIR restriction request form

Purpose of this form

Use this form to request that access to your (or your children's or other dependent's) immunisation records stored in AIR is restricted, and you want to limit communication from Health New Zealand about immunisation services.

You can also use this form if you have previously restricted access to your records and would like to reverse this decision and lift restrictions.

Information provided in this form will be used for the purposes of processing your request. Information is collected so that we can identify you and any dependents for whom you are making a request, and to contact you if we need to follow-up about your request. Providing information is voluntary, but we may not be able to process your request if the form is not completed.

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Email your completed form to hnzprivacy@tewhatuora.govt.nz

Alternatively, post your completed form to:

HNZ Privacy Team
Health New Zealand
PO Box 793
Wellington 6140

For more information

Go to tewhatuora.govt.nz/air-privacy or email hnzprivacy@tewhatuora.govt.nz

Reason for completing this form

Tick ALL that apply

I am seeking to **restrict access** to immunisation information held in the AIR:

- About me
 About my children or other dependents

I am seeking to **lift access restrictions** on immunisation information held in the AIR:

- About me
 About my children or other dependents

Your details

Given name(s) _____

Family name _____

Date of birth / / NHI number (if known) _____
 DD MM YYYY

Alternative names known by (if any) _____

Provide at least one of the following contact methods

Phone number (_____) _____ Email _____

Mailing address _____

Dependent person(s) details

You only need to complete this section if you are requesting restrictions (or lifting restrictions) on immunisation information on behalf of your children or other dependents.

To make a request for someone else you must have legal authority to do so:

- For children (aged 16 years and under) you must be a parent or a legal guardian and there must be no court orders in place preventing you from acting for the child concerned.
- For adults, Health New Zealand prefers to receive the request directly from the person concerned. If a person is unable to make a request themselves, Health New Zealand will consider requests from legally authorised representatives. **These must be accompanied by a clear explanation as to why the person cannot complete the request and evidence of the representative's authority to act on the person's behalf.**

Dependent Person

Given name(s) _____ Family name _____

Date of birth / / NHI number (if known) _____
DD MM YYYY

Relationship to you (as the Requestor):

- Child under 16 for whom I am parent or guardian
- Adult (16 or over) unable to make request themselves for whom I have authority to act (please attach documents)

Dependent Person

Given name(s) _____ Family name _____

Date of birth / / NHI number (if known) _____
DD MM YYYY

Relationship to you (as the Requestor):

- Child under 16 for whom I am parent or guardian
- Adult (16 or over) unable to make request themselves for whom I have authority to act (please attach documents)

Dependent Person

Given name(s) _____ Family name _____

Date of birth / / NHI number (if known) _____
DD MM YYYY

Relationship to you (as the Requestor):

- Child under 16 for whom I am parent or guardian
- Adult (16 or over) unable to make request themselves for whom I have authority to act (please attach documents)

To make requests for further dependent persons, please complete and attach additional copies of this page

Request to receive immunisation records held in the AIR (optional)

You only need to complete this section if you wish to receive immunisation records held in the AIR. Records will be provided in an electronic format to an email address you specify.

Please tick ALL that apply:

- I want to receive a copy of my immunisation records in the AIR.
- I want to receive a copy of some or all of my dependent(s) immunisation records in the AIR.

Please list name of dependent(s) for whom you are seeking records for. This form can only be used to request the records of dependents listed on this 'Request to change access restrictions on immunisation information in the Aotearoa Immunisation Register' form:

Name 1
Name 2
Name 3
Name 4

Supporting Document(s) Required (if requesting records)

This documentation will be used solely to process your request. It will be securely deleted as soon as that purpose has been met and no copies will be held on file.

- Photo identity (for example, copy of Driver's Licence or Passport) confirming your identity.
If you do not hold a suitable identity document to provide with this request, please submit your request anyway and we will discuss options with you for alternative identity verification.

For requests for records of your children (aged under 16):

- Proof of relationship confirming you are the child's or children's parent or guardian (for example, Birth Certificate).
- Copies of any current Court Orders in place in relation to any children for whom requests are made (if applicable).

For requests for the records of adults you represent:

- Copy of lawful authority to act (for example, activated EPOA or PPPR).

Other Information Required

Please confirm a secure email address for delivery of immunisation documents requested.

Email _____

Declaration

This must be completed for all requests

I declare that:

- the information I have supplied in this form is complete and correct
- I have read the information attached to this form and understand and accept the implications and consequences of this request
- for any person other than myself that this request applies to, I have appropriate authority to make a request on their behalf (and agree to produce evidence of this if required)
- for any request made on behalf of an adult I have attached:
 - an explanation as to why the person cannot make the request themselves
 - evidence of my authority to act for the person concerned
- I understand that giving false or misleading information is a serious offence.

Signature _____

Name _____

Date of signing / /
DD MM YYYY

Office Use Only

Date request received	____/____/_____ <small>DD MM YYYY</small>	Staff member who received	
General access restriction request			
All required fields completed and declaration signed	<input type="checkbox"/> Yes <input type="checkbox"/> No (not processed)		
Adult dependent access restriction request			
Request for adult dependent made	<input type="checkbox"/> Yes <input type="checkbox"/> No (section not applicable – go to next section)		
Explanation of why person cannot make own request provided	<input type="checkbox"/> Yes <input type="checkbox"/> No (not processed)		
Evidence of authority to act provided	<input type="checkbox"/> Yes <input type="checkbox"/> No (not processed)		
Request to access information in the AIR			
Request for access made	<input type="checkbox"/> Yes <input type="checkbox"/> No (section not applicable – go to next section)		
Requestor ID sighted and then securely deleted	<input type="checkbox"/> Yes <input type="checkbox"/> No (not processed)		
Request for access for dependents made	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to next section)		
All dependents for whom access requested are also listed for access restriction change in earlier part of the form	<input type="checkbox"/> Yes <input type="checkbox"/> No (advise separate process for those not listed)		
For requests for any children – proof of relationship and any court orders provided	<input type="checkbox"/> Yes <input type="checkbox"/> No (not processed) <input type="checkbox"/> Not Applicable		
For requests for other adults – copy of lawful authority to act provided (e.g. activated EPOA or PPPR)	<input type="checkbox"/> Yes <input type="checkbox"/> No (not processed) <input type="checkbox"/> Not Applicable		
Processing			
<input type="checkbox"/> Form sent to AIR team for full processing <input type="checkbox"/> Form sent to AIR team for partial processing (some information not supplied) <input type="checkbox"/> Form not processed (incomplete information or documentation)			
Date of last Privacy team action	____/____/_____ <small>DD MM YYYY</small>		