



# Terms and Conditions



# Personal property

You understand and agree that IntraCare is not and will not be responsible for the loss of, or damage to, any personal property (including jewellery, dentures, watches, rings, glasses) which you may bring.

## Payment terms

- The price shall be as indicated on the invoice(s) provided by IntraCare to you in respect of the Services supplied. Unless otherwise stated, all prices include GST.
- For insurance funded procedures, IntraCare requires a copy of the prior approval letter. If we do not receive the prior approval letter at least one business day prior to your admission, you will need to pay for the procedure and claim this back from your insurer.
- IntraCare is affiliated with Southern Cross and AIA, IntraCare can claim the cost of some procedures from these affiliated providers. If you are unsure whether your procedure is covered, please contact our administration team on (09) 630 1961.
- If you are not fully insured and/or have an excess or co-payment, you will need to pay the portion not covered by insurance and/or the excess, at least one business day prior to your admission. If payment is not received within this time frame, your procedure booking date may be rescheduled. Please contact our administration team to arrange payment.
- Any amounts due to IntraCare relating to your procedure either from you, your insurance provider or other party remains your full responsibility, however arising, including overdue payment, nonpayment, outstanding part-payment or if your insurance provider or other party subsequently declines cover or part cover.
- If you have an outstanding balance due to IntraCare, you agree to indemnify IntraCare from and against all costs and disbursements incurred by IntraCare in recovering the debt (including but not limited to internal administration fees, legal costs, IntraCare's collection agency costs and bank dishonour fees).
- The actual cost of the procedure may vary to the estimate. If you are not fully insured and/or have an excess or portion to pay, you may be invoiced for an additional amount if the actual cost of your procedure is higher than the estimate. This is payable upon invoice. If the cost of the procedure is lower than the estimate, you may be eligible for a refund for any overpayment. Refunds are typically paid within 7 business days.

**Please provide your bank account name and bank account number so that refunds can be processed promptly.**

Bank account name: \_\_\_\_\_

Bank account number: \_\_\_\_\_

## Privacy and financial interests disclosure statement

For the purposes of this Privacy and Financial Interests Disclosure Statement, “IntraCare” is an agency, and means:

1. The Company, Intra Limited, employees including technical staff, nursing staff and administrative staff; and,
2. Medical Specialists credentialed to work with IntraCare.

IntraCare understands the privacy of your personal and health information is important to you. In this Statement we use the term “Personal Information” to include both personal and health information, and we explain how we meet our obligations under the Privacy Act 2020; Health Information Privacy Code 2020 and other relevant legislation when we collect, use and share your Personal Information.

### Collection of your Personal Information:

IntraCare usually collects Personal Information directly from you. We also collect information about you from the doctor or agency that referred you to IntraCare. Where necessary to ensure we can provide you with safe and effective services we may also collect Personal Information about you from other persons such as your General Practitioner, specialist, any other health professional who has treated you for a relevant condition, your family or whānau with your consent, or other sources if you consent or we are authorised by law.

### Purposes for which we use your Personal Information:

We collect and use information about you to ensure we can provide high quality, safe and effective services to you. This may include, but is not limited to: the provision of medical care and advice; making appropriate referrals to other health professionals; monitoring the quality of, and improving, our services; providing relevant training to our staff and health professionals providing services at IntraCare; responding to enquiries, concerns or complaints; and for matters related to the administration of those services including charging, billing, and debt collection. We also securely share limited personal data with Cemplicity for the sole purpose of facilitating a patient feedback survey invitation to you. The data shared with Cemplicity will not be held longer than the purpose of conducting the patient’s survey i.e. 21 days. All data stored by Cemplicity is to ISO 27001 standard and in accordance with the Privacy Act 2020.

### Access and correction of your Personal Information:

You have a right to seek access to and correction of Personal Information we hold about you in accordance with the Privacy Act 2020 and Health Information Privacy Code 2020. To ensure the security of your information, we will ask you to verify your personal details, before we release any information to you.

### Possible financial interest in the facility or part of the facility:

The doctor you see may have a financial interest in part of the facility in which you receive treatment or may be referred to, but at all times has a duty to act in your best interests when making referrals and providing or arranging treatment or care. If you have any questions about this please ask the doctor concerned.

IntraCare is the agency collecting your Personal Information and holding that information. Our office address is 98 Mountain Rd, Epsom, Auckland. If you have any questions relating to how your personal information is collected, used or may be disclosed please contact our Privacy Officer at: admin@intracare.co.nz or (09) 630 1961.

### Intended recipients and disclosure of your personal information:

When you receive treatment or procedures at IntraCare, a procedure report is provided to your referring health professional. We may also disclose relevant Personal Information connected to the provision of your medical care and/or the services provided to you by IntraCare, to: your General Practitioner; other health professionals or health service providers involved in your treatment or diagnostic services or where we make referrals on your behalf; or to Health New Zealand and/or ACC where relevant. We provide relevant information to Testsafe, a secure electronic database provided by Health New Zealand. This enables health providers who are involved in providing care to you to access relevant clinical information to improve services to you, especially in the event of a complication or emergency. Only authorised health providers have access to this system. We may also disclose relevant Personal Information about you where it is necessary to submit health insurance claims on your behalf; for quality assurance, audit and accreditation issues; or where the disclosure is otherwise authorised or required by law.

### Providing Personal Information and signing this Statement:

You do not have to provide Personal Information to IntraCare, however not providing Personal Information may impact on our ability to provide you with the services you require. By ticking that you consent, and signing this Privacy and Financial Interests Disclosure Statement, you consent that your Personal Information may be collected, used and disclosed as explained above. If you do not consent to the possible disclosure of your information to a third party outside of IntraCare as set out above, please tick the “do not consent” box, and we will request your consent in relation to any specific disclosure that is proposed, unless the disclosure is authorised or required by law.

#### Signature

I understand my Personal Information will be collected and used for my treatment or procedure.

#### Please tick one:

☐ **I consent** to my Personal information being shared as explained in the paragraph ‘Intended recipients and disclosure of your personal information’

**OR**

☐ **I do not consent** to my Personal information being shared as explained in the paragraph ‘Intended recipients and disclosure of your personal information’

I understand that the doctor I see may have a financial interest in part of the facility but is required at all times to act in my best interests. I have had an opportunity to ask any questions about this and understand I can discuss any concerns I have about this at any time.

Signature \_\_\_\_\_

Print name (in full) \_\_\_\_\_ Date \_\_\_\_\_



# IntraCare

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