



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

22 October 2025

The Office of the Privacy Commissioner
IPP3A Codes Team
11/215 Lambton Quay
WELLINGTON 6011

By email: IPP3A@privacy.org.nz

Tēnā koe

Submission - Information Privacy Principle 3A (IPP3A)

About us

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of over 5,800 general practitioners and rural hospital doctors form 40 percent of New Zealand's specialist medical workforce. The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. Our Kaupapa aspires to improve equity by upholding principles of Te Tiriti o Waitangi and supporting members to be culturally safe and competent through the General Practice Education Programme, and the Division of Rural Hospital Medicine Training Programme¹.

The safety, quality and effectiveness of care provided by 1085 general practices is determined by the College's Practice Quality Programme, against the Foundation Standard and achievement of Cornerstone modules. Our members are the first point of contact for medical care in the community, managing 90 percent of all patient healthcare concerns for patients and their whānau. Each year 24 million patient contacts are recorded by general practice teams working across 1085 general practices

Te Akoranga a Māui is the College's Māori representative group. With more than 200 members, Te Akoranga a Māui is proud to be the first indigenous representative group established in any Australian or New Zealand medical college.

Our submission

The College acknowledges that the purpose of the IPP3A amendment is to update the Health Information Privacy Code (2020) in response to the recent enactment of the Intelligence and Security Act.

We acknowledge the intent of IPP3A to enhance transparency around the indirect collection of personal information. However, we are concerned that without appropriate exceptions and sector-specific regulation and guidance, that implementing IPP3A without appropriate exceptions and sector-specific guidance may inadvertently undermine patient trust, increase administrative burden, and disrupt continuity of care.

Although the IPP3A is intended to fill a gap in the current Privacy Act by introducing a notification requirement for indirect collection of personal information, this will have significant potential consequences for general practice teams due to current workloads and high patient numbers accessing general practice. The volume of notifications to patients could be significant and challenging to receive and administer.

¹ Dual trained DRHM specialist GPs work in 24 rural hospitals across New Zealand.

Guidance should address how general practices can manage indirect collection notifications, as these will significantly increase administrative and operational burdens. We also note the potential penalties for non-compliance.ⁱ

1. Implementation

In its current form, implementation will place significant additional pressure on clinical and administrative teams in general practice. The current enrolment process requires patients to sign a privacy statement. The signed agreement allows sharing of information with third parties. This means a patient would be notified for:

- Every referral sent
- Every access to shared care
- Every information request from other providers (e.g., ACC, laboratories, Ministry of Health, Primary Health Organisations)

To help circumvent the burden on patients and general practice, each patient accessing care in a general practice signs a Health Information Privacy Statement at enrolment. (See appendix 1)

2. Volume and Frequency of Notifications

The requirement to notify patients for each instance of indirect collection could result in an overwhelming number of notifications. This risks:

- Desensitising patients to important communications
- Creating confusion or anxiety about routine data flows
- Leading patients to disregard legitimate messages as spam

Recommendation:

Recognise enrolment-based privacy agreements as sufficient notification for routine indirect collections and introduce exceptions for standard clinical practice.

3. Operational and Administrative Burden

General practices are already under significant pressure. Implementing IPP3A without clear exceptions for practices could:

- Require substantial changes to Practice Management Systems (PMS)
- Increase workload for administrative and clinical staff
- Risk non-compliance due to resource constraints

Recommendation:

Provide sector-specific guidance and practical tools to support compliance. Consider phased implementation with support and training for system upgrades.

4. Patient Trust and Safety

Over-notification may erode trust rather than enhance it. Patients expect their information to be handled professionally and securely within a trusted healthcare environment.

Recommendation:

Focus on meaningful transparency rather than volume of notifications. Ensure patients are informed at key touchpoints, according to clinical best practice.

5. IPP 3A(4)(h)(i) Public health and safety

This section is reasonable and assumes that the information will not be used to identify a person and information will be used for the purposes of public good and health of the population.

6. Rule 11 - Limits on disclosure of health information

The commentary on Rule 11 provides health practitioners with useful guidance in exercising their clinical judgement when considering a disclosure request. It emphasises that Rule 11 allows rather than obliges disclosure if an exception to the presumption of non-disclosure applies.ⁱⁱ

Response to your questions

Are the exceptions in the Act appropriate for each code? No.

While some exceptions are appropriate, they do not adequately reflect the realities of general practice. Additional exceptions are needed to account for routine clinical workflows.

Do you believe there should be fewer exceptions to IPP 3A (4)(h)(i) than those currently in the Act?

No. Reducing exceptions would further increase the administrative burden and risk of non-compliance in already overstretched practices.

Do you believe there should be more exceptions to IPP3A than those currently in the Act?

Yes. Additional exceptions should be introduced for routine clinical activities such as referrals, shared care, and standard information requests.

Summary

Thank you for the opportunity to provide a submission on the proposed integration of Information Privacy Principle 3A (IPP3A) into the Health Information Privacy Code 2020.

The College supports the intent of IPP3A to enhance transparency in the handling of personal information. However, without tailored exceptions and practical implementation guidance, the amendment risks undermining patient trust and placing unsustainable pressure on general practice. We urge the recognition of enrolment-based privacy agreements and the development of sector-specific tools and phased implementation strategies to ensure compliance without compromising care.

For further clarification, please contact Maureen Gillon, Manager - Policy, Advocacy and Insights.
maureen.gillon@rnzcgp.org.nz.

Nāku noa, nā



Dr Prabani Wood
BA, BMBCh, MPH, FRNZCGP
Medical Director | Mātanga Hauora

ⁱ Pledger M, Iruzun-Lopez M, Cummings J. An update on closed books in general practice in Aotearoa, New Zealand. *J Prim Health Care*. 2025 Jun;17(2):194-199. doi: 10.1071/HC24164.

ⁱⁱ NZ Human Rights Commission. Submission to the Privacy Commission on Amendments to the HIPC, TIPC, and CRPC.

Health Information Privacy Statement

I understand the following:

Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

Visiting another GP

If I visit another GP who is not my regular doctor, I will be asked for permission to share information from the visit with my regular doctor or practice.

If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular doctor, he/she can make a claim for a subsidy, and the practice I am enrolled in will be informed of the date of that visit. The name of the practice I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

Patient Enrolment Information

The information I have provided on the Practice Enrolment form will be:

- ✚ held by the practice
- ✚ used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- ✚ sent to the PHO and Ministry of Health to obtain subsidised funding on my behalf
- ✚ used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies but only when permitted under the Privacy Act.

Health Information

Members of my health team may:

- ✚ add to my health record during any services provided to me and use that information to provide appropriate care
- ✚ share relevant health information to other health professionals who are directly involved in my care

Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

Health Programmes

Health data relevant to a programme in which I am enrolled (eg. Breast Screening, Immunisation, Diabetes) may be sent to the PHO or the external health agency managing this programme.

Other Uses of Health Information

Health information *which will not include my name but may include my National Health Index identifier (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

- ✚ health service planning and reporting
- ✚ monitoring service quality
- ✚ payment

Research

My health information may be used for health research, but only if this has been approved by an Ethics Committee and will not be used or published in a way that can identify me.

Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical practice unless I give specific consent for this information to be communicated.