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

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Tēnā koe Craig

Office of the Privacy Commission - Draft Guidance on the Privacy Code of Practices – incorporating Privacy Principle 3A

Introduction

The Royal New Zealand College of General Practitioners (the College) welcomes the opportunity to comment on the draft guidance issued by the Office of the Privacy Commissioner concerning amendments to sector codes, including the Health Information Privacy Code, and the introduction of a new Rule 3A (IPP3A) to align with the Act and code-specific exceptions. IPP3A, introduced through the Privacy Amendment Act 2025, takes effect on 1 May 2026.

The College submission specifically comments on the introduction of new obligations and the impact on general practices, as the new requirement specifies, agencies that collect personal information from sources other than the individual must take reasonable steps to notify patients when information is collected indirectly, unless an exception applies.

Across Aotearoa New Zealand, specialist GPs and clinical teams manage 24 million patient contacts each year, generating approximately 15 million patient test results a week. This vast volume of clinical information supports safe and coordinated clinical care. Mandating item-by-item notification to patients for all indirectly collected, non-productive health information is not possible or feasible without displacing clinical time.
It would create significant administrative burden, delay care, and introduce safety and equity risks, given the extraordinary volumes of routine, clinically expected information received by practices each day.

- The new rule would require specialist GPs to notify patients about every item of indirectly collected information and explain why.
- Attempting to meet the IPP3A new rule requiring indirect notification for every patient test result would significantly increase demands on clinical time, create bottlenecks, and delay patient care.
- The operational reality of requiring indirect notification for every patient, as an item-by-item notification duty is not feasible due to the volume of routine inflows such as lab results, discharge letters, and specialist correspondence arriving in extremely high volumes, e.g., results, discharge letters, specialist correspondence.

Our position

The College upholds patient information rights; however general-notification of indirect information is considered best practice; it is safer, more equitable, and avoids flooding patients with routine or duplicative messages. It preserves scarce clinical time and supports equity for patients who do not have access to patient portals. This approach ensures focused engagement when it matters for care, while also meeting the transparency intent of IPP3A.

Office of the Privacy Commissioner Questions

1. **What are GPs currently thinking about this obligation?**
   The College supports greater transparency and patient information rights, but the application of IPP3A as an item-by-item notification duty for all indirectly collected health information is not feasible in general practice settings. In general practice,

   Currently, 56 % of GP time is spent on patient consultations and 31% on non-contact clinical work. Our research to understand how specialist GP time is spent shows the significant volume of non-contact clinical tasks already required by specialist GPs and clinical teams. [i] Given the current scale of indirect information flowing into practices, additional work that reduces consultation time for patients would significantly undermine the ability to provide safe, consistent continuity of care.

2. **Have you received requests for assistance from GPs?**
   Most specialist GPs are not currently focused on the implications of IPP3A, given the number of competing access and system pressures such as patient wait times such as, increases in patient populations, increase in health needs related to inequity, people with complex and higher health needs, and the Manage My Health portal safety concerns.

   The RNZCGP Quality Programme supports approximately 1077 general practice teams to understand their obligations with meeting privacy requirements. At present, GPs only notify patients when incoming information is clinically significant, requires action, or needs discussion. Routine correspondence is filed in the patient record without direct notification. While some patients may receive automated alerts through portals when information is filed, many patients are not enrolled in portals, meaning current notification pathways are inconsistent across the sector - this is an equity issue.

3. **What are some common examples of indirect collections that you think should be reflected in the guidance?**
   Indirect collections cover all routine, high-volume inflows to practices (e.g., tests and lab results, discharge letters, specialist correspondence. The list below is an example of the range of tests and results that come into general practice practice every day:
   - Lab results – where the tests have been ordered by the provider.
   - Lab results – which the GP has been 'copied in' to, from another provider.
   - Radiology results – again, some ordered by the practice, but many where the GP has been "copied in" by ED or another provider.
   - Discharge letters – from hospital /ED /allied health providers.
   - Outpatient/Specialist letters – in some cases where the GP has referred, but quite commonly where the appointment has been requested by the hospital or someone else – so not specifically requested by the GP.
   - Crisis team letters – where crisis team has been called out to see patients in acute mental health crisis.
   - After hours clinic letters – where a patient has seen an after-hours or telehealth provider.
   - Letters from police (e.g., firearms licences), from Oranga Tamariki (usually asking for information but often providing some information as well).
   - Letters from screening programmes – sometimes with results or raising concerns about non-attendance.

- Letters from worried relatives and neighbours – sometimes specifically asking that the letter is not shared with the patient.
- Letters from insurance companies and ACC often request information but sometimes share it.

4. **What do you think the main concerns/difficulties about complying with this obligation will be?**
The main challenge for general practice clinical teams is the sheer volume of indirect information GPs receive—much of which patients are not aware is coming into their record, such as results copied from other providers or screening programme correspondence. Covering routine inflows from labs, radiology, and other providers within an updated privacy statement would therefore be highly beneficial. While portal notifications can help, many patients are not enrolled in portals, and given recent negative publicity uptake may decline further.

   Clear guidance is also needed on how to manage information received from agencies that are not directly involved in a patient's care, such as Oranga Tamariki, Police, ACC, insurers, or concerned family members. The more that can be addressed through the privacy statement, the more workable compliance will be for general practice.

   We recommend that proposed guidance for indirect notification of by the Office of the Privacy Commissioner (OPC) implements IPP3A in health via general notifications through updated privacy statements, and notices, this is consistent with how IPP3 is commonly met, and would be supplemented by practical, sector-specific guidance for common health scenarios and clear application of exceptions.

Thank you for the opportunity to meet with your team during the early consultation phase. Our submission clarifies the points we raised.

Nāku noa, nā

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[i] Bradford L, Wright S, Schulde J, Murton S. The seen and unseen work of general practice: a national diary study of New Zealand General Practitioners. 23 January 2026. *J Prim Health Care* HC25195. Available at: https://doi.org/10.1071/HC25195