Health New Zealand
Te Whatu Ora

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National Child Protection Health Information Sharing System (NCPHISS)

Privacy Impact Assessment

Date: 10 October 2025

Document Details

HNZ Scope of Use:	Whole of HNZ
Business Unit:	Commissioning National Design Team, Starting Well
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Version:	2
Previous Version:	Child Protection Alert System (Feb 2011)

Privacy assessments are living documents which must be updated and revised whenever significant changes affect the personal information being handled. Additionally, these assessments should be periodically reviewed to ensure they remain accurate and relevant.

Review of assessment:	Due to the sensitivity and complexity of this system, this Privacy Impact Assessment (PIA) is scheduled for review in July 2027. However, it must be updated and revised if there are significant changes or variances to the system and/or processes used as detailed in this document.

Summary of Child Protection Health Information Sharing System

The Child Protection Alert (CPA) System has been undergoing review since 2020. This Privacy Impact Assessment (PIA) is an update on the previous assessment and will reflect changes resulting from that review.

New Name
To address concerns expressed regarding possible stigmatisation, from 2025, the CPA System has been renamed the National Child Protection Health Information Sharing System (NCPHISS).

Purpose of NCPHISS
Sentinel event reviews of child abuse and neglect consistently identify that a lack of information sharing contributed to negative outcomes. The purpose of NCPHISS is to enable sharing of child protection information across Health New Zealand | Te Whatu Ora (HNZ) entities.

Background
The Ministry of Health (MOH) *Family Violence Assessment and Intervention Guideline; Child abuse and intimate partner violence* (2016) provides a framework for the health sector response to family violence. A key component is for healthcare providers to routinely ask all adult women about family violence, by direct questioning. However, for children, there is no validated screening tool. Healthcare providers must often identify and respond to child abuse and neglect based on signs and symptoms. Knowledge of a past history of abuse or neglect, or of concerning signs or symptoms in the past, helps healthcare providers to recognise and respond appropriately to children who may continue to be at risk of harm.

Improved recognition of, and response to, possible child abuse and neglect requires significant changes in the practice of many health professionals (HP). A systems approach is required to achieve changes with support from senior management, policies, standardised documentation, senior staff consultation, effective systems, community agency collaboration, workforce development and quality improvement activities such as audit and evaluation.

NCPHISS System Overview
NCPHISS is a robust sub-system within the health sector, responding to actual or suspected child abuse and neglect. System processes include:

- Elevation of concern for discussion at a multi-disciplinary team (MDT) meeting
- Appropriateness of placement of a Child Protection Flag (CPF)
- Application of CPF on the Medical Warning System (MWS)
- Health Practitioners (HP) actions when alerted to the existence of a CPF, including the retrieval, retention and storage of child protection information
- Management, review and removal of CPF

HNZ Hospital and Specialist Services across the motu were incrementally approved to implement the system between 2012 and 2016.

Use of Medical Warning System
The purpose of using MWS for NCPHISS is to alert HP to the presence of any known child protection information that may be important when making clinical decisions about patient care.

MWS is linked to National Health Index (NHI) numbers, a HNZ national database. By having NHI UPDATE-ACCESS authority, HP will have the ability to view MWS alerts. All HNZ HP have this level of access and will be able to see a CPF placed on any NHI.

Primary Care Access to MWS
Some primary sector users (i.e. GPs) have READ-ONLY access to NHI information. Although it was intended for authorised providers with a READ-ONLY access to view MWS, a technical issue prevents this. Requests from the primary sector for adjustment of READ-ONLY to UPDATE ACCESS so they can view MWS alerts are assessed and granted on a case-by-case basis by the MWS HNZ Business Owner.

It should be noted that some HNZ districts have granted GPs access to their Patient Management Systems (PMS) as they consider it important that these HP have access to relevant patient information. The effect of this is that these GPs will be able to see MWS alerts, avoiding the technical problem above.

Benefits of NCPHISS
The outcome is enhanced practice and improved child safety, including the ability for HP to access and assess based on all HNZ child protection information, in addition to the information held within their employing location.

NCPHISS, as a part of a comprehensive child protection programme, improves identification of, and appropriate response to, child abuse and neglect, and reduces risk to children.

Governance
See Appendix 1 for information on NCPHISS Governance.

Please **advise** if the collection, use or sharing of information in this Project affects Māori interests.
If so- what are those interests? How are they affected? How will you accommodate them?

The importance of addressing equity was a key priority in the review of the National Child Protection Alert System (now NCPHISS) that commenced in 2020.

A NCPHISS MDT case presentation includes the ethnicity of those concerned. It is strongly recommended that for Māori it also includes Iwi, and that Māori health services are formally represented at NCPHISS MDT meetings.

Personal and/or Health Information Involved

Please list **all** personal and/or health information that may be collected, used, stored or released with this initiative. Refer to Glossary for the definition of what Personal/Health Information is.

Information involved in NCPHISS	Source	Why information is required
Full Name	Individual	Identification
NHI	NHI	Identification
Date of Birth	PMS	Identification
Gender	PMS	Monitoring/Reporting
Age Today	PMS	Monitoring/Reporting
Ethnicity (including Iwi for Māori)	Individual	Enabling the explicit consideration of equity when deciding whether to place a CPF
Estimated Date of Delivery	Individual/HP	Enable case review of CPF
Child Protection Information	HP	Clinical decision relevant to the current healthcare presentation
Date of MDT Presentation and Case Updates (repeat presentations)	CPC	Monitoring/Reporting
Child Protection Flag information (date placed/removed)	CPC	Monitoring/Reporting
Child Protection Flag	MWS	Alert HP of relevant CP information
Family Composition and Social Circumstances - this may include names of siblings and parents, and information on the child's home/environment relevant to assessing the safety of that child	Individual/guardian	Clinical decision relevant to the current healthcare presentation
Oranga Tamariki Information (only if required by the local NCPHISS MDT)	Oranga Tamariki	Assessment updates; safety planning; details of other family members

Privacy Act 2020 applies when the project handles any personal information that is not health information.
Health Information Privacy Code 2020 applies when a project handles health information.

NCPHISS Process

Also refer to Flowcharts on the following pages

Identification - Cause for Concern

While providing a health intervention, HP identifies a child protection concern*. Health information is gathered from the individual (e.g. child, youth, pregnant woman) and/or from their guardian/caregivers.

HP follows district policy/procedure relating to the identification of child protection concerns. If determined that a Report of Concern (ROC) to Oranga Tamariki is required, it is submitted by the HP.

Alternatively, HP, while providing a health intervention, becomes aware that the individual is already under the care or investigation of Oranga Tamariki (e.g. during a Gateway Assessment), and forms a view that a CPF could be appropriate in the circumstances of the case. In this instance, the HP documents the child protection information on an Alternate Child Protection Report (ACPR) e.g., a Gateway Report.

HP who notified Oranga Tamariki via ROC, or who has been informed of Oranga Tamariki involvement, notifies the HNZ district Child Protection Coordinator (CPC) or VIP Coordinator (VIPC) (or a designated person) and sends to them all relevant child protection information that the HP has gathered.

*also see Clinician Response to CPF

Case Consideration for CPF Placement

Receipt of information by the CPC or other designated person, automatically generates a discussion of the case within that district's NCPHISS Multidisciplinary Team (MDT) meeting for consideration of a CPF. The referring HP is invited to participate in this review.

Information provided at an MDT will consist of the following:

- Copy of ROC, Gateway Assessment Report or ACPR (completed by HP)
- NCPHISS MDT Summary; the summary includes tick boxes to indicate the backing document(s), e.g. ROC, the nature of the concerns, brief notes of any additional information discussed by the MDT including the rationale for their decision and names/role of the MDT members present (See Appendix 2: NCPHISS MDT Summary Sheet).

  Some NCPHISS MDT obtain information from Oranga Tamariki regarding the actions taken by Oranga Tamariki in response to the ROC. A brief summary of this is included in the NCPHISS MDT Summary.

If insufficient child protection information is provided in the documentation to enable the NCPHISS MDT to decide if a CPF is warranted, the request is returned to the HP/CPC. If the HP wants the NCPHISS MDT to reconsider their request, they must provide additional relevant information to assist in determining a CPF. This does not require collection of additional information from child or family. It simply requires that the HP provides a more complete description of the concerns based on what they already know.

Criteria

NCPHISS MDT considers the information presented and decides whether the criteria for the placement of a CPF is met. The criteria are:

- The child is 0 – 17 years*

AND

- The child (or mother in the case of an unborn child) has been notified to Oranga Tamariki, **OR**
- The child (or mother in the case of an unborn child) is an open case with Oranga Tamariki at the time they receive healthcare intervention from a HNZ HP

AND

- The NCPHISS MDT determines that future HP should be made aware that child protection information exists within the clinical record for this child or young person (therefore the CPF is warranted).

*This includes unborn children, where the CPF is placed on the mother's file until birth. (After birth, the case is reviewed by the NCPHISS MDT. Standard practice is to remove the CPF from the mother's file at

this time, unless the MDT decides there is a strong likelihood that child protection concerns will apply to future pregnancies. If there is a strong likelihood that such concerns will persist into any future pregnancy, a CPF may remain on the mother's NHI. This decision is reviewed at each subsequent pregnancy).

Urgency

There are times when a CPF needs to be considered urgently, e.g. a pregnant woman who is near term and is known to be transient and likely to move between districts. Under such circumstances, the appropriate response is to expedite the consideration of a flag rather than delaying until the next scheduled district NCPHISS MDT meeting. In these situations, the CPC or VIPC contacts the Paediatrician who participates on the MDT (or if unavailable the Paediatrician on-call) to discuss the case and between the two, an interim decision is reached (the decision is still based on a discussion involving two health professional disciplines, one of which is a senior clinician).

Where the CPC/VIPC is not a health professional, then they identify another member of the NCPHISS MDT to discuss the case with the Paediatrician.

The case is presented to the next available meeting of the district NCPHISS MDT for review and the interim decision is reviewed/endorsed.

Siblings

A child or young person is considered a sibling to the index child if they are living in the household (residing at the address) and/or are under the care of the named caregivers. Siblings of the index child reported to Oranga Tamariki, are by default also reported to Oranga Tamariki.

Therefore, the index child and siblings are presented to NCPHISS MDT for consideration for a CPF.

Criteria for a sibling to have a CPF:

- The child is 0 – 17 years

AND

- A ROC to Oranga Tamariki in which the child or young person is included **OR**
- Index case is an open case of Oranga Tamariki (and the sibling is included in Oranga Tamariki case management) at the time that the index case received a health intervention

AND

- NCPHISS MDT determine that the concerns are relevant to this child, and that future HP should be made aware of those concerns

Best practice is for the HP making the ROC to name the siblings in the ROC. It is acknowledged there may be additional siblings that Oranga Tamariki may include in their response that were not known by the HP making the ROC. If confirmed by Oranga Tamariki that siblings (even if not named in the ROC) were included within the referral, they can be considered for a CPF.

Outcome of NCPHISS MDT

CPF Warranted

If a CPF is warranted, documentation is completed by the CPC (or designated person), which then becomes the CPF Backing Documents. The CPF Backing Documents comprise of:

- NCPHISS MDT Summary. This includes a list of backing documents, plus in some localities a brief summary from Oranga Tamariki regarding actions taken
- ROC, Gateway Assessment or ACPR submitted by HP
- Request for an 'Alert' form (if required; not all HNZ districts use this request form)

CPF Not Warranted

If the NCPHISS MDT determines a CPF is not warranted, the rationale is detailed on the NCPHISS MDT Summary sheet.

Generation of CPF

The CPC or designated person forwards the CPF Backing Documents to their local Clinical Records Department (or designated service), so a CPF can be placed on the child or mothers' NHI.

Clinical Records staff (or designated personnel) input a nationally standardised CPF onto the MWS (attached to the NHI) of either a child or a pregnant woman. The standardised entry reads as follows:

CHILD PROTECTION INFORMATION CONTACT X DISTRICT
(X being the district which created the flag)

Management of CP Information

CP documentation is filed and remains on an individual's clinical record, whether the NCPHISS MDT determines a flag is warranted or not. Clinical Records staff or designated persons, after adding the CPF, file the CPF Backing Documents and any associated CP documents into the electronic and/or paper files in accordance with the district NCPHISS policy.

Due to the array of options used by HNZ districts, there is variability in the way clinical documentation is managed, e.g. paper versus electronic, regional clinical portal variations. Therefore, each district details in their policy where and how CP documentation/CPF Backing Information is managed.

If a CPF is approved, the documentation is filed in a designated folder which may be named 'VIP', 'Alert' or 'Child Protection' in the electronic or physical clinical record file.

If the CPF is not approved, the documentation is filed in the relevant section of the electronic or paper clinical record, in accordance with the district's policy.

NCPHISS District CPF Monitoring/Reporting

Each district VIPC/CPC maintains oversight of the CPFs placed by that district through the use of an application (e.g. Excel, eProSafe or Access) for the following purposes:

1. Monitoring NCPHISS processes
    - Identify individuals whose CPF should be removed as they have had their 18th birthday (excluding pregnant women)
    - Identify pregnant women whose CPF is due for review, e.g. one month after their estimated date of delivery.
2. Reporting on compliance with NCPHISS quality standards
    - Report examples:
        - Percentage of cases submitted to NCPHISS MDT which have a CPF placed ("conversion rate")
        - Trends in the conversion rate (e.g. over time, in relation to demographics such as ethnicity or by category of CPF)
        - Number of CPF removed
        - Number of cases for which multiple CPF have been approved.

The application used contains the following information which is manually inputted by a CPC (or designated person) - NHI, name, date of birth, gender, ethnicity, age today, date individual considered by NCPHISS MDT for a CPF, whether a CPF was placed; estimated date of delivery (pregnant woman); date CPF removed; case updated (repeat presentation to NCPHISS MDT) and a notes column that enables the option to add details such as Gateway Assessment. They contain no other information.

Details of the child protection concerns considered by an MDT are not included, and reporting is completed with non-identifiable information.

Excel and Access applications are stored in role-specific shared folders (i.e. CPC/VIPC can access the designated folder). The primary version of the spreadsheet is updated and saved. A maximum of two backup copies are retained to ensure complete and reliable data is available if an error occurs with the functionality of the spreadsheet (i.e. formulas or pivot table accidentally changed). Should this happen, a previous correctly functioning spreadsheet will be accessed, updated and used.

For e-Prosafe, a small number of designated staff with 'administrator' rights can run reports that enable them to meet the monitoring requirements detailed in 1 and 2 above.

Clinician Response to CPF

HP checks MWS notifications as part of the routine health assessment for any child or pregnant woman presenting for care. Where a CPF exists, the HP identifies where the flag has been generated from.

- If the flag is from their employing district, the HP accesses the CPF Backing Documents via the district paper or electronic files.
- If the CPF was lodged by another district, the HP requests via Clinical Records the CPF Backing Documents from that district, in accordance with their Clinical Record Information (or similar) Policy.
- If the HP requires more information, via their Clinical Records Service, the HP contacts the clinical team specified in the backing documents. Any additional information provided is released in accordance with the Clinical Record Information (or similar) Policy.

On receipt of NCPHISS information, the HP assesses the relevance of the information in context of the individual's presenting concerns and current living situation. This information is incorporated into their assessment. Consultation prior to discharge is a core component of the health intervention, and an HP discusses the case with a senior clinician prior to discharging the individual.

The HP documents their assessment and intervention, including details of consultation, within the clinical record in accordance with the district Child Protection Policy. Any CPF Backing Documentation sourced from another district and considered within the provision of care, is filed within the clinical record for that episode of care.

Review of CPF based on New Information

CPFs flag the presence of child protection information in a clinical record. It is not a Child Protection Register, therefore there is no indication to review a CPF unless new information becomes known.

NCPHISS infrastructure includes a process to review individual CPF when there is a specific reason. A case can be re-presented to the NCPHISS MDT which placed the CPF, for review to determine if the CPF should remain or can be removed.

Review of CPF placed within antenatal period

A district NCPHISS MDT will review the antenatal flag after the baby is born as this is new information. The NCPHISS MDT decides whether the CPF should be transferred to the newborn baby's file. This review occurs as soon as possible after delivery and before six weeks postpartum. The referring HP is invited to participate in this review. Guidelines have been developed to provide NCPHISS MDT with a framework to inform their decision making.

Removal of CPF

A CPF remains on an individual's file until the individual turns 18 years old, unless reviewed and removed prior. This aligns with the age defined for child and young person (Section 2 Oranga Tamariki Act) and the age up to which a referral to statutory child protection services (i.e. Oranga Tamariki) can be made; Section 15 Oranga Tamariki Act 1989).

The CPC (or designated person) forwards a list of individuals whose CPF is to be removed to their Clinical Records Department (or designated person) to action the following:

- Removal of CPF from MWS
- Where CPF Backing Information has been filed in an 'alert' or other named tab (either in the electronic or paper clinical record), this documentation is transferred to the relevant section of the clinical record, in accordance with district policy.

NB: The removal of the flag from MWS does not mean the CP documentation is destroyed. This documentation is retained and managed in accordance with HNZ standards regarding clinical record management (see HNZ Information and Records Management Policy).

ROC/ACPR and CPF – awareness of

ROC/ACPR – typically informed
Child protection procedures and practices are in place in all districts, and families are typically informed when a referral (a ROC or ACPR) to a statutory authority (i.e. Oranga Tamariki) has been made, with the reasons for that referral provided. Exceptions apply where it is believed that informing the family will jeopardise or imperil the safety of the child, referrer or another person.

A recommendation from the CPA review is that HP should be trained to inform families that a ROC will be retained on the health record and made available to other HP providing care for their child/ren in the future. This is noted in the Risk and Control Tables.

CPF – not typically informed
As stated above, while it is typical for families to be informed of a referral to a statutory authority, families are generally not informed about a CPF, and it would be reasonable to expect that families have no knowledge of NCPHISS processes.

If parents or guardians do specifically inquire about a CPF, it would be reasonable to assume that these persons do have knowledge of health information systems, and this may influence their healthcare-seeking behaviour. In this situation, if asked about the existence of a CPF, they will be advised if one has been placed, unless there are exceptional circumstances, e.g., HP believes that informing the family will jeopardise or imperil the safety of the child, referrer or another person.

See Principle 6 for detail relating to the discovery of a CPF by an individual or their representative.

Reasoning for not informing of CPF
Delayed presentation and seeking care from multiple providers can be common in child abuse cases, and knowing about a CPF might discourage caregivers from seeking future medical care.

Routine notification of a CPF could also undermine the system's purpose. For these reasons HP usually decide it is not in the child's best interests to inform parents or guardians of the existence/potential application of a CPF.

Extensive consultation in relation to the placement of a CPF without parental consent was undertaken (Privacy Commissioner, 2004, 2008 & 2015; Children's Commissioner, 2008, 2010, 2011, 2015; Health and Disability Commissioner, 2010; Health Legal (2011 PIA). The advice received was to ensure a robust process to maximise the potential for good and minimise the potential for harm.

Child abuse and neglect is often missed due to a lack of information sharing among HP. The NCPHISS is a quality assurance procedure designed to ensure HP have access to relevant health information about a child in their care, while minimising the risk that a CPF might cause harm.

Scope of Assessment

Please define the scope of this PIA

This PIA focuses on the impact on privacy of an individual's personal and health information, as it is processed through NCPHISS. It assesses the information that is being used, released, retained and disposed of in the system. This includes the handling of information between HP, CPC/VIPC, NCPHISS MDT, Clinical Records Departments and Oranga Tamariki.

Please describe what has been excluded from the scope of this PIA and why

The following systems are excluded from this assessment, mentioned only where relevant, as each is subject to its own privacy and/or security assessment, or is part of Business-as-Usual (BAU) practices:

- ROC Reporting
- NHI and MWS Databases
- District PMS and applications (e.g. Excel, Access, eProSafe)

Glossary

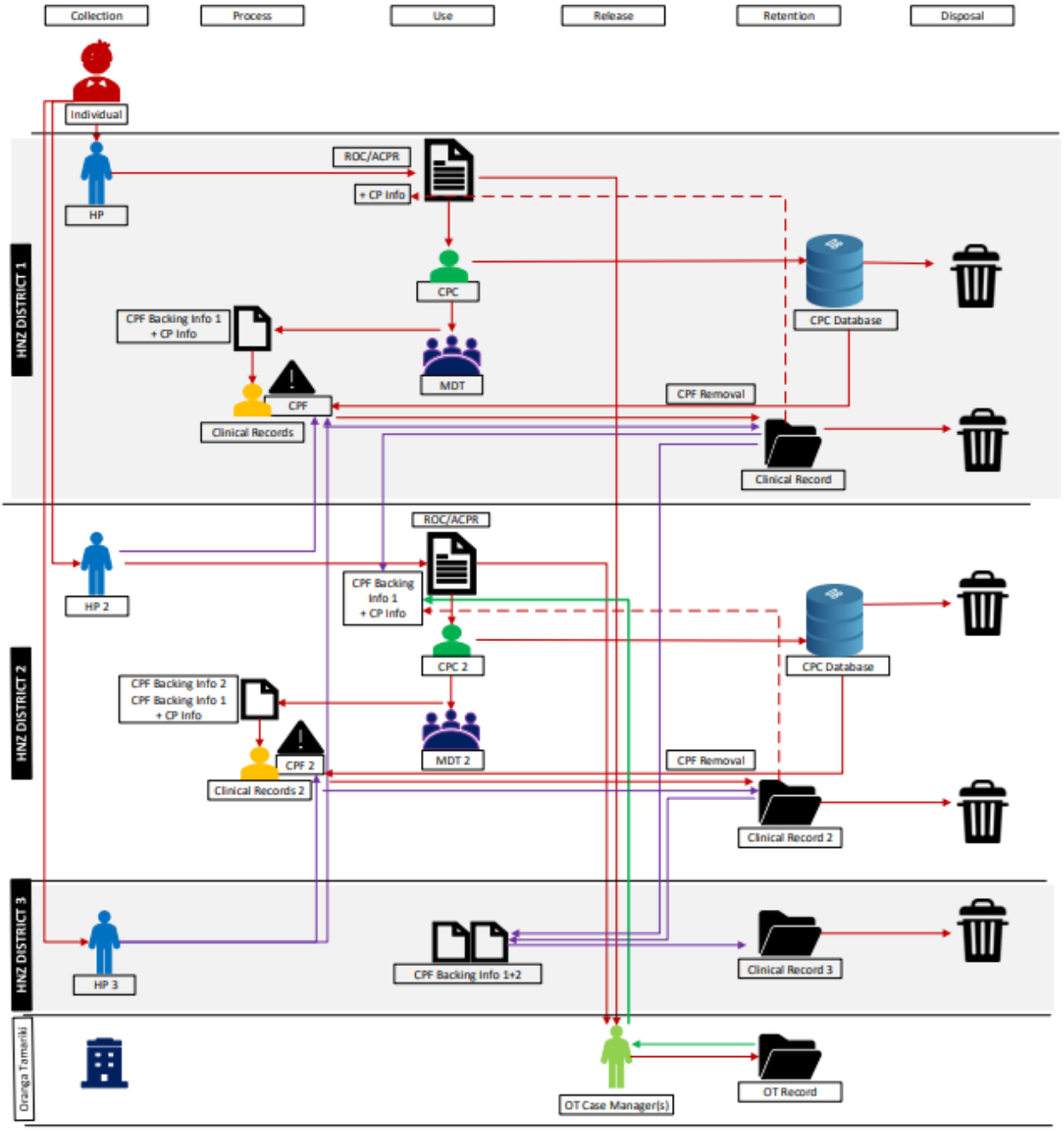
Term	Definition, description, relationship, and business rules
Antenatal CPF	A Child Protection Flag placed on the clinical record of the mother of an unborn child during the antenatal period.
Child	Person 0-17 years of age (up to but not including the 18th birthday). Also includes an unborn child.
CPF	Child Protection Flag
CRD	Health New Zealand | Te Whatu Ora district Clinical Records Department
HNZ	Health New Zealand | Te Whatu Ora
HP	Health Professional
MOH	Ministry of Health | Manatū Hauora
MWS	Medical Warnings System. More detail on MWS can be read here.
NHI	National Health Index
NHIS	National Health Information System
NCPHISS	National Child Protection Health Information Sharing System
Oranga Tamariki	Oranga Tamariki – Ministry for Children
Personal/Health Information	Personal information refers to any detail that can identify a living individual. It does not need to be sensitive or private. The information could identify an individual without necessarily naming them directly. If there is a reasonable chance a person could be identified, including where it is combined with other information, it can still be personal information for the purposes of the Privacy Act 2020. Health information is a subset of personal information. Examples of Personal and Health information (not an exhaustive list) – name, address, phone number, age, date of birth, employee record, scan, test result, photo, biometrics, NHI number, Driver's License
PIA	Privacy Impact Assessment
PMS	Patient Management System
ROC	Report of Concern (notification to Oranga Tamariki)
VIP	Violence Intervention Programme

Appendices and Supporting Documents

Appendices	Information
Appendix 1	NCPHISS Governance
Appendix 2	NCPHISS MDT Summary Sheet

Information Flow Diagram

End-to-end information flow for NCPHISS



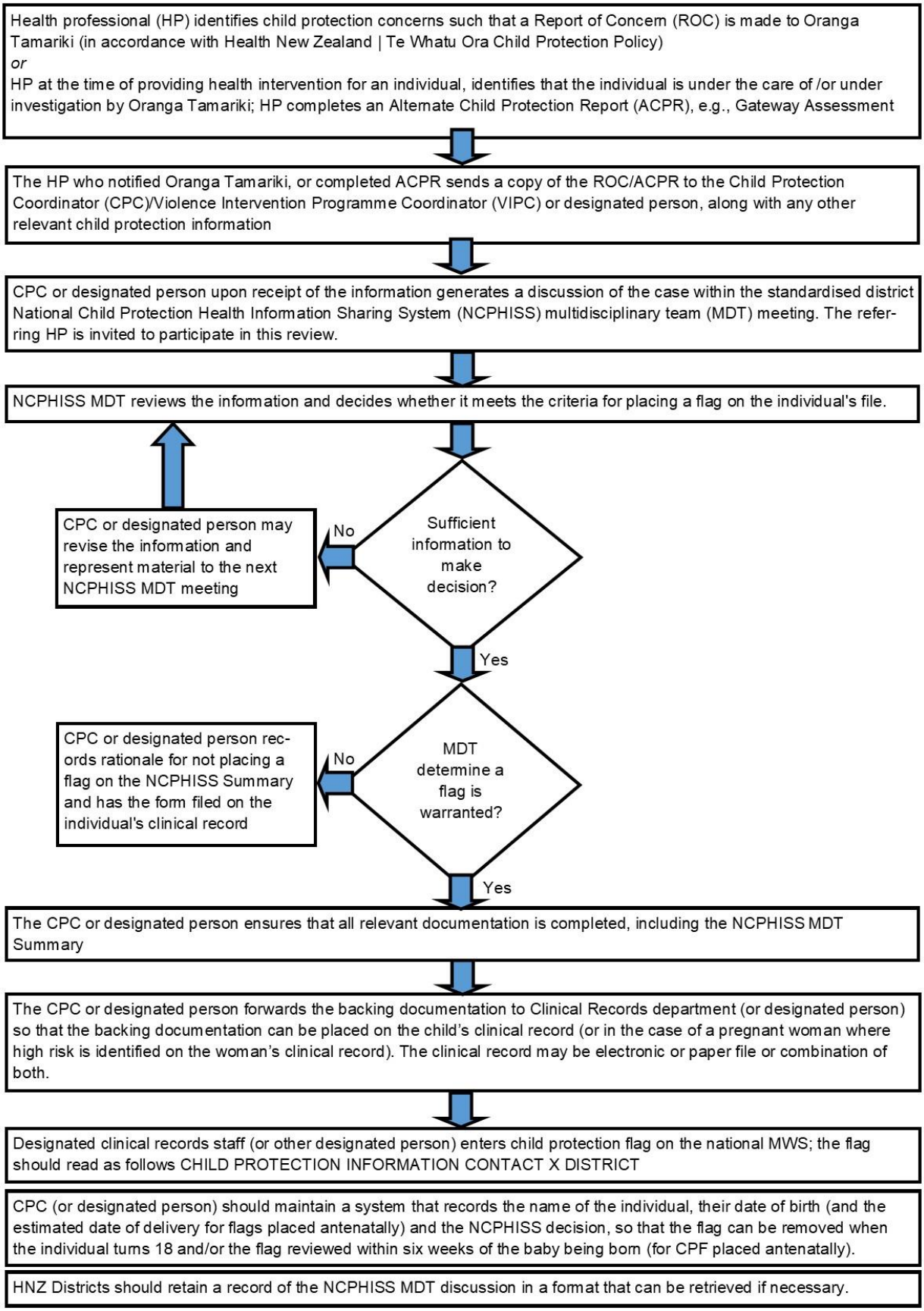
Where successive HP provide healthcare to the same individual, CPF Backing Documentation from all identified districts is requested.

The completion of a ROC or ACPR at successive interventions is only undertaken if warranted by the attending HP (example: HP 3 in diagram above does not complete a ROC or ACPR on the third presentation to health services)

While all ROC/ACPR are presented to the NCPHISS MDT for consideration of a CPF, not all ROC/ACPR meet the criteria for a CPF.

Process Flowcharts

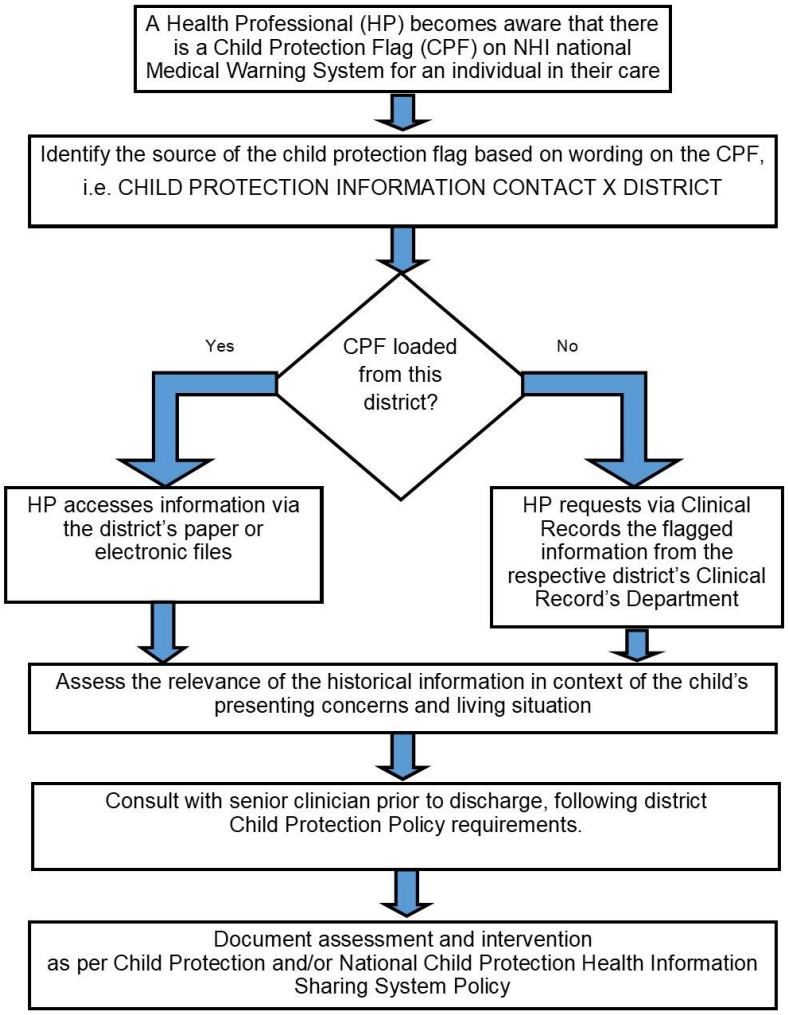
Case Consideration for a Child Protection Flag



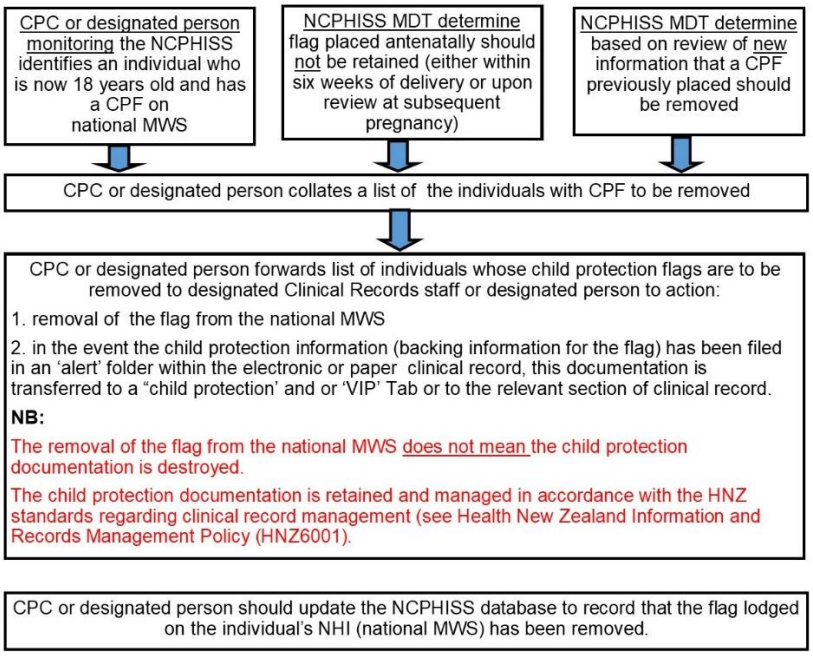
Responding to a Child Protection Flag

A flag indicates there have been child protection concerns about a child/young person or unborn baby.

It is vital that a thorough assessment is undertaken at **each** presentation.



Removal of a Child Protection Flag



Principle 1:
Lawful purpose and necessary collection of personal information

Principle 1 of the Privacy Act 2020 states that personal information **should not** be collected by any agency **unless** the information is collected for a **lawful purpose** connected with a function or activity of the agency, **and** the collection is **necessary** for that purpose.

⚠ The project should only collect the minimum amount of personal information that is necessary for the relevant function or activity ("data minimisation"). If the project **does not** require identifying information, then we **should not** collect it.

Please state the lawful purpose for the collection of this personal information
Information collected is lawfully collected for the provision of healthcare services sought or required at the time of presentation. This health information may include information which raises child protection concerns. HP may use information from this presentation for the secondary purpose of completing a ROC/ACPR. This, as well as other relevant information gathered, is then used by NCPHISS MDT to make an informed decision in relation to the appropriateness of a CPF placement. Further, where CP information is used to form CPF Backing Documentation, that documentation may be accessed and reused by other HP who may treat the child in future healthcare episodes, so as to make informed clinical decisions in relation to that child, at that time.

	YES	NO
Could the project use **aggregated or anonymised data** and still satisfy the project's purpose?	☐	☒
Is the project collecting **the minimum** amount of personal information required for the purpose of the project?	☒	☐
Please provide further information here if you're not using the minimum amount of personal information, or you could use aggregated or anonymised data		
Not applicable		

Principle 2:
Collection directly from the individual concerned

Principle 2 of the Privacy Act 2020 requires an agency to collect information **directly** from the individual concerned unless an exception applies.

	YES	NO
Are you **only** collecting personal information **directly** from the individual?	☐	☒

- If you have answered "**No**", please answer the questions in this section

Please state why you're not collecting information directly from the individual
Most of the information used (and subsequently reused) through the NCPHISS process is collected directly from either the individual concerned, or via a parent/guardian. However, some NCPHISS MDT obtain information from Oranga Tamariki. This information is briefly summarised on the NCPHISS MDT Summary which is included in the CPF Backing Documentation. The

CPF Backing Documentation is only provided to another district if the child or pregnant woman presents to that district for healthcare, and that district specifically requests it.

Oranga Tamariki information may consist of assessment updates, safety planning, and details of other family members.

Please state what legislative exception applies
The legislative exceptions can be found in Principle 2 of the Privacy Act and Rule 2 of the Health Information Privacy Code. If you're unsure if an exception applies, please contact the privacy team.

Provisions within the Oranga Tamariki Act 1989 s66C allows for disclosing information that that agency holds, to HNZ, who are therefore the collectors of the information.

Oranga Tamariki Act – Section 66C, **Use and disclosure of personal information relating to child or young person or classes of children or young persons**

A child welfare and protection agency or an independent person that holds information relating to a child or young person or any class of children or young persons (including information contained in a dataset) may, irrespective of the purpose for which that information was collected,—

(a) use that information for the purposes of—
  (i) preventing or reducing the risk of a child or young person being subject to harm, ill-treatment, abuse, neglect, or deprivation; or
  (ii) making or contributing to an assessment of risk or need in relation to a child or young person, or any class of children or young persons

Health Information Privacy Code – Rule 2, **Source of Information**

(2) It is not necessary for a health agency to comply with subrule (1) if the agency believes, on reasonable grounds,—
  (a) that the individual concerned authorises collection of the information from someone else having been made aware of the matters set out in rule 3(1); or
  (c) that compliance would—
    (iii) prejudice the health or safety of any individual; or
  (d) that compliance is not reasonably practicable in the circumstances of the particular case;

Principle 3:
Telling the individual what we are doing

Under Principle 3 of the Privacy Act 2020, when an agency collects personal information directly from individuals, there are certain things they **must** do **before** they collect the information or **as soon as practicable** after the information is collected. This includes making sure the individual is aware of:

(a) the **fact** that the agency is collecting personal information
(b) the **purpose** for which the agency is collecting the information
(c) the **intended recipients** of the information
(d) The name and address of the agency that holds the information
(e) the **consequences** (if any) if that individual does not provide that information
(f) whether the collection is **mandatory** or **voluntary**
(g) the **rights of access to, and request correction of,** the information.

There are only **limited circumstances** where we do not need to tell the individual the matters in (a) to (g) above.

	YES	AND NO
Will the initiative be telling an individual all the matters in Principle 3?	☒	☒

- If the answer is "**Yes"**, please answer the questions in part A to C below only prior to completing the Principle 3 compliance check.
- If the answer is "**No**", please answer the questions in part D below only prior to completing the Principle 3 compliance check.

A. How you're going to tell the individual

Please describe how will you tell the individual how the project will manage their information. *For example, will you have a consent form, information leaflet, privacy statement etc?*
Noting that as the individual concerned will typically be a child, the responsibility of understanding how a child's information will be handled, falls on the parent/guardian of that child. Overall – when engaging with health services provided by HNZ, a patient Privacy Statement is available which outlines how HNZ handles an individual's information. This statement and other privacy materials is available in various forms (verbally, full/partial statements, flyers, patient information sheets, consent forms) and through various avenues (posters, websites, handouts) both prior to and during a health intervention. However, it must be noted that while a family is usually informed that the information collected during a consultation will be used for a ROC, then retained in the clinical record of the individual(s) concerned, the additional use of that information through the NCPHISS process to inform a decision relating to placement of a CPF, is not usually conveyed. The reasoning behind this has been outlined in the ROC and CPF – awareness of section of this assessment, with two main reasons bullet pointed in part 'D' below.
Where will the document be made accessible? *For example, will it be published online? Link in an email? Hard copy?*
As above
Please include as an **appendix** a copy of any draft document that outlines how you will collect and handle an individual's personal information.

B. When you are going to tell the individual

Will you tell individuals before or after you have collected their information? If you're telling the individuals after you have collected their information, how long after?
As above

C. Mandatory or voluntary collection

Please state whether the collection of information is voluntary or mandatory?
Information collected during a health consultation is provided only on a voluntary basis by the individual or via the parent/guardian.
Please state to what extent, if any, the individual can opt out of providing some or all their information
Not applicable
Please state what happens if the individual does not want to disclose their information?
Not applicable

D. Why you are not going to tell the individual

Please state why you are not telling the individual how the project will handle their personal information?
In relation to NCPHISS, an individual and/or their parent/guardian is not usually advised that their information will be used through this process. Child abuse and neglect is often missed due to a lack of information sharing among professionals – the NCPHISS process provides a mechanism to share and have access to relevant information throughout HNZ, however: • Knowing about NCPHISS processes and the application of a CPF may discourage caregivers from seeking future medical care • Routine notification of a CPF could undermine the system's purpose.
Please state what legislative exception applies? *The legislative exceptions can be found in Principle 3, Privacy Act 2020 and Rule 3, Health Information Privacy Code 2020*
Health Information Privacy Cole - Rule 3, **Collection of health information from individual** (4) It is not necessary for a health agency to comply with subrule (1) if the agency believes on reasonable grounds, — (a) that compliance would— (i) prejudice the interests of the individual concerned

Principle 4:
Fair and lawful collection of information

Principle 4 requires that when an agency collects information they must do so by lawful means **and** by means that, in the circumstances of the case are fair and not intrusive.

Your method of collection may be unfair, if it involves threatening, coercive, or misleading behaviour. What is fair also depends on the circumstances. You **need** to take particular care when collecting information from children and young people or other vulnerable groups. It may not be fair to collect information from children in the same manner as you would from an adult.

Please describe the current proposed method of information collection *If the information is not being collected fairly or lawfully, consider how the collection method could be adapted or modified to meet this Principle 4*
The collection of information by an HP is done in a manner suitable to the circumstances, with the HP conscious of the situation when treating a child or young person, who they suspect could be subjected to abuse and/or neglect.
If you're collecting information from children or young people, **please state** what steps are you taking to address any power imbalance, and to obtain genuine consent for the collection (or authorisation) of their family/whānau?
As above, in a manner suitable to the circumstances. Standard practice for a HP when collecting information from a child or young person is to collect information only in a manner appropriate to their age and developmental capacity, and with the consent of family/ whānau. Prior to adolescence, standard practice is to collect information from a child only in the presence of family/ whānau. In adolescence, standard practice may include offering the young person the opportunity to speak to the health professional alone, with the consent of family/whānau if present.
If there are any cultural considerations, how you have assessed this, and, as appropriate, with whom you have consulted about how to ensure you collect the information in a culturally appropriate way

HP receive training in cultural safety and how and when to access cultural support. A NCPHISS MDT case presentation includes the ethnicity of those concerned. It is strongly recommended that for Māori it also includes Iwi, and that Māori health services are formally represented at NCPHISS MDT meetings.

Principle 5: Storage and security

Principle 5 of the Privacy Act 2020 requires an agency that holds personal information to ensure that the information is protected by such **security safeguards that are reasonable** in the circumstances to take against loss, access, use, modification, disclosure, or other misuse

A. Cloud Computing Services

	YES	NO
Does your project/solution use any cloud-based services? Cloud services are infrastructure, platforms, or software that are hosted by third-party providers and made available to users through the internet.	☐	☒

B. Engaging with Information Security

	YES	NO
Have you engaged your relevant information security team for this project/solution?	☐	☒
Not applicable		

Please contact your information security team for more information and support. Note that an SRA/ Cloud Service Provider Due Diligence Questionnaire may be completed concurrently with the PIA.

C. Storage

Please describe the system and location where the information is stored.

For clarity, the 'information' referred to is specifically the information processed through NCPHISS, namely:

CP Information = all information gathered and considered by an HP, which may or may not be presented at an MDT, including information from Oranga Tamariki

CPF Backing Documentation = ROC/ACPR/Report, NCPHISS Summary and CP Information which is presented at an MDT

Information relating to an individual, processed through NCPHISS, is held in the following repositories:

- District electronic PMS: CP information and CPF Backing Documentation
- Paper Clinical Records: CP information and CPF Backing Documentation
- National MWS Database: CPF (limited detail: CHILD PROTECTION INFORMATION CONTACT X DISTRICT)
- District VIP Shared Drive: District CPF Monitoring/Reporting Information (Excel spreadsheet/application containing CPFs managed by a district)
- District VIP Shared Drive: District MDT Folder (utilised only if district MDT VIPC/CPC or VIP Administrator formally records attendance, agendas, minutes etc)

D. Access

Please state the roles that will have access to the information and why these roles need access
HP (CP Information, CPF Backing Documentation and CPF) Provision of healthcare services, sensitive to the need of the individual at the time of presentation. Ensures they are able to make an informed decision in relation to submitting a ROC/ACRP and have access to all relevant and up to date information of that individual. **CP and VIP Coordinators (CP Information, CPF Backing Documentation, CPF, District CPF Monitoring/Reporting Information, and District MDT Folder)** Collation of relevant information for MDT, maintenance of District applied CPFs, complete NCPHISS processes. **NCPHISS MDT Members (CPF Backing Documentation)** Consideration of appropriate application/removal of a CPF to an individual's NHI. **Clinical Records Personnel (CP Information, CPF Backing Documentation and CPF)** Placement of CPF and filing of information appropriately.
Please describe how access will be controlled or monitored? • Explain the process for granting user access and removing user access (including if someone leaves or changes roles) • Describe access controls (for example, role-based access)
• **Electronic PMS** (out of scope, but included for relevance to system) Access to a PMS (including CP Information and CPF backing information) is maintained and controlled at local levels, typically via EntraID. This means where an HNZ staff member is onboarded to a local system, their access will be controlled via 'groups' that they belong to, which in turn determines what systems or applications they need to have access to, in order to perform their duties. When a staff member leaves their EntraID is deactivated so they can no longer access systems. Where a role changes, new reporting lines may change the 'groups' a staff member is a part of, adjusting their access accordingly. • **Clinical Records** Paper documentation (including CP Information and CPF Backing Information) is added to an individual's clinical record, or if applicable in an area, converted to electronic files/scanned and placed in the PMS. • **MWS – CPF** (out of scope, but included for relevance to system) MWS is only visible to persons with UPDATE ACCESS for NHI. At present only HNZ staff* who require this access, and the Centre for Adverse Reactions and Monitoring have this level of access (responsibility for and maintenance of MWS is by HNZ - Health Identity team) *noting that some districts have permitted GPs access to their PMS to allow GPs visibility of MWS • **District VIP Shared Drive – MDT Folder** Role-based access control – Expected roles with access: CPC, VIPC, VIP Administrator • **District VIP Shared Drive and/or Application (if used)– District CPF Monitoring/Reporting Information** Role-based access control – Expected roles with access: CPC, VIPC, VIP Administrator

Will access be controlled **by at least two-factor authentication**? The Office of the Privacy Commissioner has said that agencies may be in breach of the Privacy Act 2020 if they do not use at least two factor-authentication where applicable.	**YES**	**NO**	**NA**
	☐	☒	☐

E. Auditing Accounts

Please state:

- if, and to what *extent*, the project can *audit* user access to the personal information
- what will be audited, who will conduct the audit, how regularly the audit will occur etc

The identity of members of staff who have accessed an individual's information is personal information about that individual. This means this is something that individuals are entitled to request under the Privacy Act.

- **PMS and Clinical Records** (out of scope, but included for relevance to system)
  Scheduled, ad hoc and required auditing of PMS and Clinical Records is undertaken in accordance with district policy (see relevant district Clinical Audit Policy (or similar)).

  Any anomalies detected (e.g. access by a Role which does not relate/is not involved in the care of the individual noted in an electronic footprint) by an auditor are investigated, including access to CP information. The NCPHISS biennial review of district operationalisation of the system includes asking if there have been any breaches of security regarding CP information and if so, what measures have been taken to address this. No such breaches of security have been reported since the system was established in 2012.
- **MWS – CPF** (out of scope)
- **District VIP Shared Drive - MDT Folder and District CPF Monitoring/Reporting Information**
  Each district is expected to follow their local policies for security of electronic and paper documentation. Access to shared folders/files can be audited using electronic foot printing. Audits would only be completed where an instance of concern was raised.

F. Any other Information

Please state any other steps the project has taken/will take to prevent loss, misuse, unauthorised access, modification, or disclosure of personal information

For example:

- *Is information encrypted at rest and in transit? What other relevant safeguards are utilised during the transit of information?*
- *Is there a need for additional privacy training, new policies, processes, or contracts?*
- *How will you keep physical copies of documents secure?*
- *How will you ensure conversations are not overheard?*
- *What checks will be done to ensure you're talking to, and sharing information with, the right person?*
- *What are the security classification and any endorsements the information will have (for example, IN-CONFIDENCE, MEDICAL IN-CONFIDENCE etc)*
- *what backup processes is the project putting in place? Do they include backups of metadata (for example, audit logs)? Where are backups stored?*

Training

Mandatory Privacy and Security Training for HNZ personnel is undertaken when a person is onboarded to the organisation, which is then expected to be refreshed, provided ad hoc or supplemented with other specific training related to NCPHISS or their role, through the course of their employment.

Breach Management

Districts have standard policy and procedures in relation to breach management, including processes for containment and disciplinary processes, where an employee has inappropriately accessed information. Any data breach is a reportable event and escalated as per these processes.

The CPC/VIPC, when aware of a potential/actual privacy breach, will commence the process of engagement with the National Privacy Office by notifying their Line Manager.

Principle 6:
Access to personal information

Under **Principle 6** of the Privacy Act 2020 an individual has the right to confirm **if an agency holds personal information** about them, **and** if it exists, to have **access** to that information.

If an individual is given access to their information, the individual must be advised that they may request correction of their information.

Please outline how individuals will be able to access their information.
For example, will it be through existing information request processes (for example, requests for clinical records), or will a new process need to be put in place?

Clinical Record Information Requests
Requests for access to an individual's personal and/or health information, whether made by the individual themselves or as per s40 their representative, can be made by completing and submitting a Release of Personal Health Information Request Form to the district where healthcare services were received. As there is no centralised information system, where an individual has attended multiple districts, a separate request for each district will need to be completed.

Requests by a representative will be verified to ensure they are authorised to receive an individual's information.

Withholding Clinical Record Information
Until a child turns 16, the representative of a child has the right to access information in relation to that child. However, the right of the parent/guardian is not absolute, and exceptions to disclosing information are recognised in the Privacy Act, including but not limited to:

- s49(1)(c) - the individual concerned is under the age of 16 and the disclosure of the information would be contrary to the interests of the individual concerned
- s53(b)(i) - the disclosure of the information would involve the unwarranted disclosure of the affairs of another individual

Where a Clinical Record Department receives a request from a representative, and a CPF exists on a child's NHI, Clinical Records personnel are required to consult with the lead clinician as to whether the CP information supporting the CPF, can be disclosed in full, partial, or not at all.

If full disclosure of care and protection concerns is not made, the requestor is advised.

Discovery of CPF/CP Information
Regardless of whether the request is completed in full, or partially and grounds for withholding was relied upon, because the parent/guardian is more than likely unaware of the use/reuse of information through the NCPHISS system, resulting in a CPF, the existence of this information would reasonably be expected to come as a surprise.

If a parent/guardian requested the fulfilment of an NHI request, as MWS information is included in this release, they would become aware a CPF has been placed on a child's NHI, by a specific district, and could contact that district asking for more information on what a CPF was. This discovery would be expected to come as a surprise.

NCPHISS Information Requests
Information related to an individual contained in MDT meeting documentation or in the District CPF Monitoring/Reporting Information is not normally released, as to do so would disclose the presence of a CPF and possibly imperil the child's safety. Note that these documents contain no information that is not already contained in the Clinical Record/PMS.

Please outline how you intend to ensure that it is possible to find the information about a specific individual?

An individuals NHI number is used

Principle 7:
Request to ask for correction of information

Under **Principle 7** of the Privacy Act 2020, where an agency holds information, the individual concerned is entitled to request correction of the information.

Please describe how an individual can ask to have their information corrected?

For example, will it be through existing processes, or will a new process need to be put in place?

Under section 59 of the Privacy Act, an individual or their representative has the right to request correction of information they feel is incorrect, or where it is not agreed that a correction can be made, have a Statement of Correction applied to a Clinical Record. Such requests must be responded to within statutory timeframes (as soon as possible, but within a maximum of twenty working days) and follow standard procedures for HNZ Clinical Record Departments.

The district NCPHISS policy includes detail regarding the processing of requests to correct information. Typically, correction requests are received via the district Clinical Records Department, which they will then forward to the lead HP involved with the child and/or family and who had created the original child protection documentation. The HP will then forward the request to the NCPHISS MDT.

If correction to information supporting a CPF is requested, and the application of that correction (or application of a Statement of Correction added to the record) is processed, the appropriateness of a CPF will be reassessed by NCPHISS MDT at that time.

If a request to only remove a CPF is received (with no request to correct information supporting the CPF), the placement of the CPF is reviewed by NCPHISS MDT again, for reassessment of whether the criteria for placement is still met. If the NCPHISS MDT agree that the CPF is to be removed, the removal process of a CPF will be initiated.

Please outline how you intend to ensure that it is possible to find the information about a specific individual and to correct it (or add a statement of correction) if required?

An individuals NHI number is used

Please outline how a statement of correction provided by that individual will be managed so that it is always able to be viewed together with the disputed information.

For example, does your proposed system have the capacity to link or attach a statement of correction to a person's file?

If a HNZ district corrects personal information or attaches a Statement of Correction to personal information, the district must, so far as is reasonably practicable, inform every other person to whom the agency has disclosed the information to (based on the districts Clinical Records department log of interdistrict requests for CPF information).

When NCPHISS MDT does not agree that the CPF should be removed, the Clinical Records department is obliged to take reasonable steps to attach any statement provided by the child (or their guardian) to his or her clinical record in such a way that it will always be read with the disputed information.

This statement becomes part of the child protection information which supports the CPF and is provided to enquiring clinicians along with the CPF Backing Documents that detail the child protection concerns.

Principle 8:
Accuracy of personal information before it is used or disclosed

Principle 8 of the Privacy Act 2020 states that an agency must not use or disclose information without taking reasonable steps to ensure that the information is accurate, up to date, complete, relevant, and not misleading.

If you're not collecting information directly from the individual, or are relying on old records, (as examples) there is a risk that the information will not be accurate or up to date. Carefully consider the consequences for individuals if the personal information is not accurate or up to date.

How will you ensure that only **accurate, up to date, complete and relevant** information is acted on?
The steps involved in NCPHISS (health clinician concern, a ROC to Oranga Tamariki including the date it was made, review by MDT, placement/removal of CPF) are reasonable and practicable steps to ensure that the information being acted on is accurate and up to date at the time of use. If a correction or statement of correction is made to information in one district, that district takes all practicable steps to notify districts who have previously requested this information (see Principle 7 above).

Principle 9:
Do not keep information longer than necessary

Principle 9 of the Privacy Act 2020 states that an agency that holds personal information must not keep that information for longer than is required for the purposes for which the information may lawfully be used.

Principle 9 (*and rule 9 of the Health Information Privacy Code)* does not apply in a vacuum. There may be other rules and regulations that will specify how long certain information must be kept for (*for example, Public Records Act 2005)*. Once those other legislative requirements for retention have been met, then under Principle 9 (*or Rule 9)* the information should be disposed of when it is no longer needed for the project. We strongly recommend you engage your Records Manager to ensure records are managed consistently with the relevant general/functional disposal authority.

Please state how long the information will be held by Health NZ
• **Electronic PMS and paper Clinical Records** (CPF Backing Documentation and other CP information gathered during the process) Clinical Records are retained according to the Archives New Zealand Functional Disposal Authority FDA1 - Clinical Health Care (Issued 21/12/2021). For a child the record is retained for 20 years after the last episode of care, or when the child has reached 25 years of age (whichever is greater) or 10 years after the date of death. For pregnant women, the record is retained for a minimum of 20 years after the last birth episode date of discharge or 10 years after the date of death. • **MWS – CPF Removal (variable)** ○ Within a month of an individual's 18th birthday ○ If new information is received and NCPHISS MDT determines CPF is no longer warranted ○ After the birth of a child, and NCPHISS MDT determines CPF is no longer warranted on the mothers NHI. • **District VIP Shared Drive and/or Application (if used) – MDT Folder and District CPF Monitoring/Reporting Information** Information retained in shared drives/application are held for a minimum of 10 years in accordance with HNZ Information and Records Management Policy (HNZ6001).

Please **state** the applicable legal requirements for retention of information (if any). *For example, Health (Retention of Health Information) Regulations 1996, Public Records Act 2005, General Disposal Authority 6, Functional Disposal Authority 1.*
Health (Retention of Health Information) Regulations 1996 General Disposal Authority 6, Functional Disposal Authority 1 Archives New Zealand Functional Disposal Authority FDA1 - Clinical Health Care
Please state: • whether all the personal information needs to be retained by the project • whether the information needs to be retained in a form that identifies the individual (*can it be retained in a de-identified manner)*
In accordance with legislation requirements for the delivery of health services and for the purpose of ongoing monitoring of the NCPHISS, the information retained is identifiable.
Please state: • how the information will be disposed of • who is responsible for ensuring disposal occurs
• **Electronic PMS and paper Medical Records** (CPF Backing Documentation and other CP information gathered during the process) Disposal of information will be undertaken in accordance with HNZ Information and Records Management Policy by the associated Clinical Records Department. • **MWS – CPF Removal** Only the district which placed a CPF can remove it. Removal is completed when one of the above listed variables is reached • **District VIP Shared Drive and/or Application (if used) – MDT Folder and District CPF Monitoring/Reporting Information** Disposal of information is managed by the CPC/VIPC in accordance with HNZ Information and Records Management Policy.

Note: We also recommend:

1. **prior** to disposing of any the information, that you engage your Records Manager,
2. subject to the advice of your Records Manager, you keep a list of what has been disposed of and under what general/functional disposal authority.

Principle 10:
Limits on use of personal information

Principle 10 of the Privacy Act 2020 requires that an agency which obtains personal information for one purpose **must not** use the information for any other purpose **unless** the agency believes on reasonable grounds that an exception applies.

The Office of the Privacy Commissioner recommends keeping in mind the "no surprises test"- would the way in which you're planning to use the personal information come as a surprise to the person you collected it from?

Please describe how the information will be used in this project? *For example, if we are using information to assess an individual's eligibility to deliver a service, outline what information is being used for assessing the eligibility and what is required to deliver the service.*
The personal and health information of an individual is used, and/or reused, through NCPHISS processes, specifically for: • Completion of an ROC/ACPR, for notification to Oranga Tamariki • Assisting in making informed clinical decisions, for the individual's current circumstance • Consideration/determination of the placement/removal of a CPF • Monitoring and managing currently placed CPFs (ensure removal if/when required) • Reporting on CPFs (ensure compliance with NCPHISS quality standards)

	YES	NO
Are the uses listed above consistent with the purposes of collection you have outlined in Principle 1?	☒	☐
If the answer is "**No**", **please state** what legislative exception applies. *The legislative exceptions can be found in Principle 10 of the Privacy Act or Rule 10 of the Health Information Privacy Code. If you're unsure if an exception applies, please contact the Privacy team.*		
Not applicable		

	YES	NO
Does the use of information by the project involve information matching or sharing?	☒	☐
If the answer is "**yes**", please provide more information here. *Please consider any additional issues that may arise (for example, the need for agreements to enable and regulate matching and sharing).* Please annex any relevant documents to this PIA.		
Disclosure to another Agency Health NZ is a child welfare and protection agency as per Section 2 of the Oranga Tamariki Act and includes all persons providing health services. s66C Oranga Tamariki Act 1989 has provisions for allowing the sharing of information (including the requesting and/or disclosure of information).		

Principle 11:
Limits on disclosure of personal information

Principle 11 of the Privacy Act 2020 states that an agency must not disclose the information unless the agency believes on reasonable grounds that an exception applies.

The Office of the Privacy Commissioner recommends keeping in mind the "no surprises test"- would the way in which you're planning to disclose the personal information come as a surprise to the person you collected it from? Please note that **principle 11 does not limit** storing personal information in "the cloud" or sharing information with a service provider that stores or processes information on our behalf.

	YES	NO
Will the project disclose personal information to individuals or agencies outside of Health NZ?	☒	☐

- If you have answered "**Yes"**, please answer the following questions.

Please state who the information will be disclosed to, and the basis for disclosing personal information *The grounds can be found in Principle 11 of the Privacy Act or Rule 11 of the Health Information Privacy Code. If you're unsure if an exception applies, please contact the Privacy team.*
Disclosure to another Agency Health NZ is a child welfare and protection agency as per Section 2 of the Oranga Tamariki Act and includes all persons providing health services. s66C Oranga Tamariki Act 1989 has provisions for allowing the sharing of information (including the requesting and/or disclosure of information).

Principle 12:
Disclosure of information outside of New Zealand

Principle 12 of the Privacy Act provides that an agency may only disclose personal information to a foreign person or entity (B), if:

- The individual authorises it in situations where B may not be able to protect the information to the same degree as a NZ entity would; or
- B carries on business in NZ and is therefore subject to the Privacy Act 2020; or
- B's privacy laws offer comparable safeguards to the NZ Privacy Act 2020; or
- B is bound by contract or agreement to protect the information with similar safeguards to NZ standards.

Please note that **principle 12 does not limit** storing personal information in "the cloud" or sharing information with a service provider that stores or processes information on our behalf

	YES	NO
Will Health NZ disclose personal information to a foreign person or entity?	☐	☒

- If you have answered "**Yes"**, please answer the following questions.

Please state:
• The foreign entities or persons that we will be disclosing personal information to • Where the foreign entities or persons are based (i.e., which jurisdiction) • Why the foreign entity or person needs to have the personal information

• what evidence you have that the foreign entity receiving information has the same safeguards available to protect the information as are provided under the Privacy Act 2020.   ○ If the foreign entity cannot provide the same safeguards, indicate whether that has been explained to the individual, what has been explained and whether the individual consents to the sharing of their information with the foreign entity. Please provide evidence of that consent. • Provide details on what safeguards have been put in place to protect the individual's information (such as a contract or an agreement with the foreign entity). • Has an ethics or research committee, such as Health and Disability Ethics Committee, approved overseas disclosure?
Not applicable

Principle 13: Creation or use of unique identifiers

Principle 13 of the Privacy Act 2020 says an agency may only **assign** a unique identifier to an individual if that identifier is necessary to enable the agency to carry out 1 or more of its functions effectively.

To avoid doubt, Health NZ does not assign unique identifiers when it records and uses a unique identifier so that we can communication with another agency about the individual (please see IPP13(3) and Rule 13(5).

Please see "Guide to completing a Privacy Impact Assessment" for more information on unique identifiers.

	YES	NO
Will the project **assign** unique identifiers?	☐	☒
Will the project **use** unique identifiers?	☒	☐

- If you have answered "**Yes"** to any one of these questions, please answer the following questions

Please explain: • What unique identifiers will be assigned or used for this project • How will the unique identifiers be created? • If you are proposing to use NHIs, can the project's purpose be achieved by using an alternative unique identifier • Are you intending to use a unique identifier that has been assigned by another agency? If so, please consult the Privacy team.
NHI The use of NHI enables necessary health information regarding child protection concerns to be released to other districts when and if the child presents for health care services, and ensures the correct individual is identified.

Artificial Intelligence Initial Assessment

Use of Artificial Intelligence at Health NZ	YES	NO
Does your project/solution involve the design, development, deployment, and/or use of any form of **AI**?	☐	☒

Privacy Policies and Terms of Service (or other contractual provisions)

If the Project is engaging anyone outside of Health NZ to provide services as part of this Project, please answer the following questions:

Third Party Privacy Policy/Statement	**YES**	**NO**
Not applicable		
Terms of Service (or other contractual provisions)	**YES**	**NO**
Not applicable		

Once you have completed this section, please move on to the next section (Review and sign off).

Privacy Risks

Only risks rated Medium or higher will be fully recorded in this schedule. For details on the **Enterprise Risk Rating**, please refer to the Enterprise Risk Management Framework chart below. This chart outlines the specific Domain (e.g. Clinical/Patient Safety) and the Consequence a risk has been mapped to, along with a link to the current HNZ Enterprise Risk Management Framework document, where a full and up-to-date description of the consequences can be read.

Risk Ref No.	Privacy Risk Description	Raw Risk Rating	Controls (all Controls – either Planned, In Progress or Implemented)	Target Risk Rating
PR.02	**Risk: I**ndividual/guardian unaware/surprised information has been added to a health record or processed through NCPHISS. **Source of Risk**: HP does not inform individual/guardian ROC placed in health record. Governance decision to not typically inform of CPF use/NCPHISS system **Enterprise Risk Rating**: A3	High (20) Probability: Almost Certain Consequence: Moderate	PC.02 - NCPHISS Governance PC.03 - ROC Transparency PC.04 - CPF Placement (individual not informed)	Medium (9) Probability: Unlikely Consequence: Moderate
PR.03	**Risk:** Information associated with NCPHISS processes is retained indefinitely, accessed/used without authorisation, or lost **Source of Risk**: Mismanagement of information by MDT/VIPC/CPC personnel, with no control or oversight of who has access to closed systems/folders, and documentation is not archived/disposed of. **Enterprise Risk Rating**: A3	High (17) Probability: Likely Consequence: Moderate	PC.05 - MDT Information Management PC.06 - CPF Monitoring/Reporting Information Management	Medium (9) Probability: Unlikely Consequence: Moderate
PR.07	**Risk:** Inappropriate access or use of CP information associated with an individual. **Source of Risk**: Application of CPF which does not meet criteria, or CPF is not removed when no longer required **Enterprise Risk Rating**: A2	Medium (13) Probability: Possible Consequence: Moderate	PC.02 - NCPHISS Governance PC.06 - CPF Monitoring/Reporting Information Management	Medium (9) Probability: Unlikely Consequence: Moderate
PR.04	**Risk:** Individual/guardian is unable to access or correct information **Source of Risk**: No processes in place **Enterprise Risk Rating**: A3	Medium (8) Probability: Possible Consequence: Minor	PC.07 - Request for Information PC.08 - Correction of Information	Medium (5) Probability: Unlikely Consequence: Minor
PR.05	**Risk:** Harm is caused to an individual through released information **Source of Risk**: Information is not vetted appropriately **Enterprise Risk Rating**: A3	High (18) Probability: Possible Consequence: Major	PC09 - Disclosure of Information PC.10 - Withholding Information	Medium (10) Probability: Rare Consequence: Major
PR.06	**Risk:** Information added to an individual's medical record not relevant or required in relation to that individual's health (e.g. sibling information is shared between individual records where not relevant) **Source of Risk**: Mismanagement of documentation by HP **Enterprise Risk Rating**: A2	High (17) Probability: Likely Consequence: Moderate	PC.11 - Health Records Standards	Medium (9) Probability: Unlikely Consequence: Moderate
PR.08	**Risk:** Use of MWS **Source of Risk**: Privacy Impact Assessment on MWS not undertaken **Enterprise Risk Rating**: A3	Unknown	PC.12 - MWS PIA	

Impact on Affected Individual(s)

Rating	Description	Loss, damage or injury	Rights and interests	Reputation and feelings
5	Severe	Major incident of health impact involving loss of life or severe physical injury with permanent serious physical and/or psychological effect	Access to health services irreparably denied to one or more individuals, or significant list benefit or opportunity or financial harm/loss to a large number of individuals or a community	Significant ongoing humiliation, loss of dignity or damage to reputation of a large number of individuals or a community
4	Major	Serious incident or health impact with long term physical and/or psychological effects and/or impact on quality of life for one or more people	Lost benefit or opportunity, significant financial harm/loss, or access to health services delayed for an extended period for a large number of individuals or a community	Significant humiliation, loss of dignity or damage to reputation of a large number of individuals or a community
3	Moderate	Incident involving injury or health impact requiring medical attention	Lost benefit or opportunity, significant financial harm or loss, or access to health services delayed for an extended period for one or a few individuals	Significant humiliation, loss of dignity or injury to feelings of one or a few individuals
2	Minor	Incident involving minor injury or health impact to one or a few people not requiring medical attention	Minor limited or short term financial harm or access to health services or to a health benefit or opportunity for one or a few individuals delayed for a limited period	Limited humiliation, loss of dignity, or injury to feelings of one or a few individuals
1	Minimal	Health impact or injury made possible but avoided	Short-term delayed access to a health benefit or opportunity for one or a few individuals	Minor embarrassment or injury to reputation or feelings of one or a few individuals

Effect based on Enterprise Risk Management Framework

	Risk Domain		Consequence
A	Organisation – Reputation – Governance	1	Minimal
B	Equity Health Outcomes (Mana Tangata)	2	Minor
C	Clinical/Patient Safety	3	Moderate
D	Health, Safety & Wellbeing	4	Major
E	People, Culture & Capability	5	Severe
F	Organisational Sustainability	The up to date HNZ Enterprise Risk Management Framework can be accessed here. (pg 18), or can be referred to below	
G	Data & Digital Systems and Services		
H	Business Continuity		
I	Legal and Regulatory Compliance		
J	Infrastructure & Assess Management		
K	Programme & Project		

Probability and Consequence Matrix

Probability	Minimal	Minor	Moderate	Major	Severe
Almost Certain	Medium 11	High 16	High 20	Extreme 23	Extreme 25
Likely	Medium 7	Medium 12	High 17	High 21	Extreme 24
Possible	Medium 4	Medium 8	Medium 13	High 18	Extreme 22
Unlikely	Low 2	Medium 5	Medium 9	High 14	High 19
Rare	Low 1	Low 3	Medium 6	Medium 10	High 15

Consequence

Privacy Controls

Control Ref No.	Control Name	Control Description	Status Planned, In Progress or Implemented	Owner Name, Role & Business Unit	Due Date
PC.02	NCPHISS Governance	Governance oversees the NCPHISS system and structure, monitoring legislation, conducting biennial district reviews, holding quarterly meetings, setting CPF placement criteria, performing quarterly audits, and maintaining a toolkit for policies, procedures, and training.	Implemented		
PC.03	ROC Transparency	Unless there are wellbeing and safety concerns, HP must inform the individual/guardian that a ROC will be kept on the medical record and may be accessed by other HP for future care.	Planned		
PC.04	CPF Placement (individual not informed)	NCPHISS Governance decision, based on HIPC Rule 3(4)(a)(i), that compliance would prejudice the interests of the individual concerned. Individuals/guardians will not typically be informed of the placement of a CPF. Rationale includes best interests/safety of child as well as potential to undermine the system. Complaints about this are monitored.	Implemented		
PC.05	MDT Information Management	MDT meeting information is saved only in approved shared business systems (e.g., shared drives) with restricted access (role specific access). Access is controlled and overseen by CPC. Disposal of information undertaken in accordance with HNZ Information and Records Management Policy.	Implemented		
PC.06	CPF Monitoring/Reporting Information Management	Districts independently retain CPF information they have applied, in order to manage/report on their CPFs. Access is controlled and overseen by CPC. Disposal of information undertaken in accordance with HNZ Information and Records Management Policy.	Implemented		
PC.07	Request for Information	BAU processes in place in districts. As information may be of a sensitive nature, senior clinician to review information scheduled for release.	Implemented		
PC.09	Correction of Information	BAU processes in place in districts with a Lead Clinician engaged to manage requests. CPF criteria reassessed by MDT. Corrections/ Statement of Correction are advised, as reasonably practical, to relevant parties.	Implemented		
PC.09	Disclosure of Information	Limited to either Oranga Tamariki via ROC notification, or to an authorised representative of the individual concerned. As information may be of a sensitive nature, senior clinician to review information scheduled for release.	Implemented		
PC.10	Withholding Information	A senior clinician is responsible for ensuring only appropriate and required information is released or disclosed. Where information is withheld or redacted, the requestor will be advised.	Implemented		
PC.11	Health Record Standards	HP are expected to adhere to NZS 8153:2002 Health Record Standards. Only relevant and necessary information should be included to maintain patient privacy.	Implemented		
PC.12	MWS PIA	A PIA for MWS is to be completed	In Progress	Joel Brown – Group Manager, Health Identity & Eligibility	Mid 2025

Review and Sign Off

Business Owner

I approve this Privacy Assessment, accepting that:

- I am accountable for managing personal and/or health information for this initiative
- I own the privacy risks associated with this initiative and am responsible for ensuring any controls to mitigate risks are actioned
- I understand this assessment is a living document and must be reviewed and updated periodically.

Name:	Deborah Woodley - Director Starting Well, PFO		
Signature:	(via email – held on file)	Date:	31 October 2025

Child Protection Clinical Governance Group

The group confirms this Privacy Assessment accurately describes the system, how it will be implemented and utilised in HNZ, and identifies all substantive privacy risks, along with appropriate controls.

Recorded via meeting minutes (held on file)		Date:	13 August 2025

National Privacy Office

I have reviewed this privacy assessment and, based on the documented content, am satisfied that the privacy risks and controls for this initiative have been sufficiently and appropriately identified.

Name: Viv Kerr – (Head of Privacy/Privacy Officer)			
Signature:	Viv Kerr	Date:	4 March 2026

Appendix 1: NCPHISS Governance

The HNZ Violence Intervention Programme (VIP) district service specifications include an output regarding the operation of NCPHISS within each district.

A robust infrastructure has been developed to support NCPHISS. This includes a governance process to ensure the system is established in districts, once it was demonstrated the district had the required infrastructure.

This is based on a two-auditor review. Biennial reviews continue to assess how the system is being operated and the required infrastructure maintained. The biennial review systems check includes:

1 National-level Health NZ NCPHISS policy.
2 A current, endorsed NCPHISS policy on the application, use and removal of a Child Protection Flag (CPF). This includes a process for loading flags on the MWS and Clinical Records department response to alert information requests.
3 Current NCPHISS Multi-Disciplinary Team (MDT), with Terms of Reference (a quorum is at least two disciplines one of whom must be a Paediatrician).
4 Information technology systems which make MWS alerts highly visible for clinicians on patient information screens.
5 Presence of standardised documentation for recording child protection information relevant to the CPF and a summary of the NCPHISS MDT decision.
6 Procedure for managing health record requests that includes 24/7 access and standard response time (response to requests within four hours) (biennial review includes requesting notes to audit compliance of the response time and the documentation received).
7 Resources for staff to use when NCPHISS Flag identified.
8 Health Professional workforce development; NCPHISS included in core VIP and child protection training. It is important to ensure that those able to access the MWS understand the meaning of a CPF.
9 Process to monitor implementation of the NCPHISS.

A toolkit is available to support districts maintain the required infrastructure to enable consistent implementation of NCPHISS within the district.

The quality of response by HP to the information supporting a CPF is just as critical for the integrity of the system, as the information itself. Any HP accessing NCPHISS information must be supported by adequate training, policies and procedures and backed up by access to other professionals with expertise in child protection.

As part of operating NCPHISS within a HNZ district, it is a requirement that districts must provide child protection training, including information regarding the existence of the NCPHISS, where to look for a CPF, how to access the information behind the flag, and how to respond to a CPF. This is generally delivered within the core VIP training.

A Training manual for NCPHISS MDT members and a formalised structure to ensuring MDT members understand the system, prior to participating as a member, will be implemented and include an orientation checklist that must be completed.

NCPHISS has robust infrastructure, including the following quality improvement activities:

- Biennial review of district operationalisation of the system that includes standard criteria reviewed by two auditors
- Quarterly review of the child protection-related flags on the MWS to check for anomalies
- Quarterly meeting of the district teams with Senior Medical Advisors to enable issues to be discussed and updates provided
- Nationally standardised training for HP to ensure they understand the purpose of the NCPHISS, and the limitations of the system (including the possibility that information obtained from a previous HP may not be accurate or up-to-date by the time the child presents to a new HP)
- National review of the NCPHISS (2020-2024) to assess the systems components to ensure they remain fit for purpose and aligned with the relevant legislation (update PIA included within this process).

Appendix 2: NCPHISS MDT Summary Sheet

District logo NCPHISS MDT Summary	MUST ATTACH PATIENT LABEL HERE Every individual discussed at the NCPHISS MDT must have their own *NCPHISS MDT Summary* labelled with their personal details

KEEP CLEAR FOR FILE LABEL

KEEP CLEAR FOR FILE LABEL

NATIONAL CHILD PROTECTION HEALTH INFORMATION SHARING SYSTEM (NCPHISS) MULTIDISCIPLINARY TEAM (MDT) DISCUSSION SUMMARY

This document summarises the MDT discussion resulting in the decision to place (or not place) a child protection flag. It does not contain information on the basis of which that decision was made.
For that information ALWAYS refer to the associated documents.

Associated documents	☐ Report of Concern ☐ Gateway Report	☐ Alternate Child Protection Report ☐ Other *(please specify)* ……
Service making the notification Key clinician involved in the case		
Ethnicity (include Iwi/Pacific affiliation if known)		
Factors considered by the MDT in deciding whether or not to place a Child Protection Flag	☐ Physical abuse ☐ Sexual abuse ☐ Neglect ☐ Family violence ☐ Detrimental environment ☐ Mental illness ☐ Drug and Alcohol	☐ Emotional/psychological abuse ☐ Social/Familial supports ☐ Parenting ability ☐ Risk-taking behaviour ☐ Transience ☐ Anything else? ……

Alleged offender and relationship to child considered			☐ Yes ☐ No
Nature of the abuse considered (e.g. frequency, severity, latest, trend)			☐ Yes ☐ No
Processes in place to address abuse have been considered (e.g. family engagement, agency involvement)			☐ Yes ☐ No
Oranga Tamariki assessment/actions (if known) considered			☐ Yes ☐ No
Perceived ongoing risk considered			☐ Yes ☐ No
If antenatal concern, expected date of delivery?			…/…/….
Referred to MCWCP forum? If yes, date of referral	☐ Yes ☐ No	…/…/….	*A copy of the current support/safety plan can be requested via Clinical Records*
CPF previously lodged by another district?	☐ Yes ☐ No	If yes, please identify number and district(s) ……	

MDT decision	☐ **Child Protection Flag approved** ☐ **Child Protection Flag <u>not</u> approved**	
For antenatal flag review only	☐ CPF removed	☐ CPF retained
Caregivers to be informed of CPF	☐ Yes ☐ No	
Name: …… Signature: …… Designation:…… Date:……	NCPHISS MDT members present ☐ [insert name/role] ☐ [insert name/role] ☐ [insert name/role] ☐ [insert name/role] ☐ [insert name/role]	☐ [insert name/role] ☐ [insert name/role] ☐ [insert name/role] ☐ [insert name/role] ☐ [insert name/role]