

Greetings / Tena Koe

Please find enclosed the LifeLinks Information Pack which includes the following information sheets for your reference:

- Overview of LifeLinks outcome planning and coordination service
- Purpose and process of LifeLinks outcome planning and coordination service
- Your rights and responsibilities when receiving a health or disability service
- Consent for the collection and release of information
- Privacy Act 2020 and Health Information Privacy Code
- Complaints process flow chart
- Advocacy and the Health and Disability Commission's Advocacy Service pamphlet
- Client Opinion Survey Questionnaire

If you require any further information about the LifeLinks outcome planning and coordination service, please do not hesitate to contact us toll-free on 0800 866 877 or at community@lifelinks.co.nz.

I hope you find the information in this Information Pack helpful and we look forward to being of service to you.

Yours sincerely

Craig Hutchison
Managing Director
LifeLinks

Overview of Outcome Planning and Coordination Service He tirohangawhanui ō Nga Oranga Mekemeka

Whaikaha-Ministry of Disabled People has established a process to deliver community based supports for people with disabilities.

LifeLinks is contracted to provide an outcome planning and coordination service for people with intellectual, physical, neurological and/or sensory disabilities and aged between 0-65 years.

You are eligible for our service, if you have a physical, intellectual, neurological or sensory disability, and are between 0-65 years of age. The disability must:

- Be likely to continue for at least 6 months;
- Limit your ability to function independently, to the extent that ongoing support is required.

We accept self-referrals from any person or organisation. Talk to your doctor or health professional, or contact us and we can send a referral form.

The coverage area for our outcome planning and coordination service is Canterbury, from the Clarence River in the north to the Waitaki River in the south, and the West Coast.

We have asked an Outcome Planner to contact you directly to arrange a suitable time, date and place for a meeting to develop your Outcome Plan. You are welcome to invite support people to this meeting if you wish. If English is your second language or you are deaf we will arrange a professional interpreter to also be present at the meeting.

If you wish to have cultural support at the meeting we can arrange this for you.

Our service is a client/tangata whaiora and family/whānau centred and directed process.

It proceeds at your pace; within your timeframe; and in the place of your choice. At the end of the outcome planning meeting, a report is prepared that includes a list of prioritised outcomes that you have identified.

Once you agree to the content of the report and the identified prioritised outcomes, our LifeLinks staff member will provide you with information on services that may support you to achieve your desired outcomes. You will be offered choices of providers where possible and the LifeLinks staff member will make referrals as required.

Purpose and Process of Outcome Planning and Coordination Nga Tikanga me nga Whakarereketanga ote Whaingā Aromatawai

PURPOSE/TIKANGA

The purpose of the outcome planning and coordination process is to facilitate a process whereby our LifeLinks staff work with you to identify your goals and outcomes in order to determine what supports you may need either to enhance or maintain your level of independence within your community. When putting together a support package, LifeLinks staff will consider whether community supports and/or funded supports are appropriate; the level of funded support that can be accessed; and, the ways in which such support might contribute to meeting your identified goals and outcomes.

PROCESS/RAUPAPA MAHI

Planning

The process of outcome planning involves us visiting you to work together to identify your strengths and abilities; what you would like to be doing; and, any support that you may need because of your disability to achieve your identified goals. This is all written down and is called the Outcome Plan. This Outcome Plan belongs to you. On completion it will include a prioritised list of your, and/or your family/whānau member's, goals or desired outcomes.

Coordination

The coordination process begins after you have signed the Outcome Plan. This process involves writing a support plan which says what should happen to maintain or enhance a more independent/ordinary life for you.

We will work with you to access particular services that will assist you in your day-to-day life, and that of your family/whānau. It is our job to know about many different services that can help people with disabilities. We will then connect you with the services of your choice, and also later, check in with you to see if the services are okay.

If we cannot find a service that best fits your particular circumstances, it means that there is a "gap" in services. Records of these "gaps" are kept and used to help Whāikaha-Ministry of Disabled People better plan for the services that people with disabilities require.

Your Rights when Receiving a Health Or Disability Service
Tou nei tikanga | Te Wa | Whiwhi Ai Tou nei Hauora / Haua Ratonga

1. Respect

You should always be treated with respect. This includes being listened to and respected for your culture, values, ideas and beliefs, as well as your right to personal privacy.

2. Fair Treatment

No one should discriminate against you, pressure you into something you do not want or take advantage of you in any way.

3. Dignity and Independence

You should be treated in a way that values you as a person and services should support you to live a dignified, independent life.

4. Proper Standards

You have the right to be treated with care and skill, and to receive services that are right for your circumstances. All those involved in supporting you should work together for you.

5. Communication

You have the right to be listened to and understood, ask questions, and receive information in whatever way you require. When it is required, and practicable, an interpreter should be available.

6. Information

You have the right to know what is happening to you and be told what your choices are. This includes how long you may have to wait, an estimate of any costs, and likely benefits and side effects. You can ask any questions to help you be fully informed.

7. It's Your Decision

It is up to you to decide. You can say no or change your mind at any time.

8. Support

You have the right to have someone with you to give you support in most circumstances.

9. Teaching and Research

All these rights also apply when taking part in teaching and research.

10. Complaints

It is OK to complain and it is your right to have your concerns heard. Your complaints help improve service. It must be easy for you to make a complaint, and it should not have an adverse effect on the way you are treated.

A full copy of the Code of Rights is available from the Health and Disability Commission.

The Health and Disability Commissioner can be reached on a National Free Phone/TTY (0800 11 22 33) or by Email (hdc@hdc.org.nz); or, Auckland (09) 373 1060; or, Wellington (04) 494 7901

Your Responsibilities
Toū nei Mana Whakahaere

It is your responsibility to let us know as soon as possible if you are unable to keep an appointment.

You can do this by phoning us toll free on 0800 866 877.

We will then reschedule your appointment time.

It is your responsibility to provide true and accurate information to our LifeLinks member of staff.

Giving correct information means we will be able to provide you with the best service and the most appropriate assistance.

Any information you do give us will be treated confidentially.

It is your responsibility to tell your LifeLinks member of staff of any changes in your circumstances that affects the supports provided that contribute to achieving your goals.

This could include things like, moving from where you were living; a change in your support needs; or, you may have some new goals.

Changes should be recorded because your Outcome Plan will only be useful if it is kept up to date and reflects your current circumstances.

Consent for the Collection, Use, Storage and Release of Personal Information pursuant to the Privacy Act 2020

Whakaae hoki te kohinga me te tuku o te mōhiohio

Name:

NHI:

Address:

DOB:

I understand that LifeLinks New Zealand Limited at 94 Disraeli Street, Sydenham, Christchurch, collects my personal information (any information that can identify me, for example, my contact details, health information, and care arrangements) for the purpose of facilitating my outcome planning and outcome coordination service in accordance with the Privacy Act 2020 (**Act**).

I understand that in accordance with the Act:

- My personal information will only be collected, used and held by LifeLinks for the purpose of undertaking my outcome planning and coordination, and for any other purpose directly related to my outcome planning and coordination.
- LifeLinks will ensure that my personal information is protected, by such security safeguards as are reasonable in the circumstances to take, against loss, access, modification or disclosures that is not authorised by it and other misuse. LifeLinks uses trusted third-party providers to store and process data and ensure that the company's cloud-based platforms meet New Zealand's privacy regulations.
- Subject to certain grounds for refusal set under the Act, I have the right to access and/or ask for the correction of any information that LifeLinks holds about me.
- When requesting the correction of my personal information, or at any later time, I am entitled to provide LifeLinks with a statement of the correction to the information that I seek.
- LifeLinks may, on request or on its own initiative, take such steps (if any) that are reasonable in the circumstances to ensure that, having regard to the purposes for which the information may lawfully be used, the information is up to date, complete and not misleading.
- If LifeLinks does not make the correction sought, I am entitled to request that LifeLinks attaches my statement of correction to the personal information that I requested the correction of.
- LifeLinks will act in accordance with the Act in respect of my personal information.

I acknowledge that:

- I have been made aware of my rights under the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996;
- The collection of my personal information by LifeLinks in its capacity as a needs assessment service co-ordinator (NASC) service is authorised by Whaikaha's policies in respect of NASCs and outcoming planning and coordination services;
- I have been made aware of LifeLinks' privacy complaints procedure (more information regarding this below); and

- If I do not consent to the collection of my personal information, LifeLinks may be unable to facilitate an outcome planning and coordination service that best meets my circumstances.

Further information:

To access the Privacy Act [Privacy Act 2020 No 31 \(as at 01 July 2022\), Public Act Contents – New Zealand Legislation](#)

To access the Health Information Privacy Code [Office of the Privacy Commissioner | Health Information Privacy Code 2020](#)

The Privacy Act has 13 information privacy principles that govern how LifeLinks should collect, handle, and use personal information. You can learn more about the principles here: <https://www.privacy.org.nz/privacy-act-2020/privacy-principles/>

Concerns or Questions:

If you have any questions about what information will be collected for what purpose or the way in which it will be used, please discuss the matter with your LifeLinks staff member.

If you have any concerns about the way in which LifeLinks has handled your personal information, you should discuss the matter with the LifeLinks Privacy Officer (Managing Director hutchisonc@lifelinks.co.nz) and/or management.

If you still have concerns, you have the right to lodge a complaint with the Office of the Privacy Commissioner <https://privacy.org.nz/your-rights/making-a-complaint/>

Declaration:

I understand and consent to LifeLinks collecting, using, storing, and sharing my personal information in accordance with this consent form and the Privacy Act 2020.

Signature:

Date:

Or I declare that I have the authority to act on behalf of the named person in respect of their personal information and consent on their behalf to the matters set out in the Declaration above.

Representative's Name:

Representative's Signature:

Date:

Legal Relationship:

Documentation Attached: Yes

No (please state reason)

**Privacy Act 2020
Ture Motuhake**

**Health Information Privacy Code 2020
Hauora Panuitanga mō Te Ture Tahimano Iwā Raiwa Tekau Ma Toru**

You have a right to know about some important parts of the Privacy Act and the Health Information Privacy Code. These parts include:

- Information is required to be collected in order to ascertain appropriate services.
- You must know beforehand, and give your written consent, for information to be collected.
- Your information must be kept securely.
- It is your right to have access to, and, if necessary, correct any information collected by LifeLinks.
- LifeLinks must only use the information for the purposes for which our company collected it.

If you have any concerns about the way in which your personal information has been handled, you can discuss the matter with any or all of the following people:

LifeLinks Privacy Officer

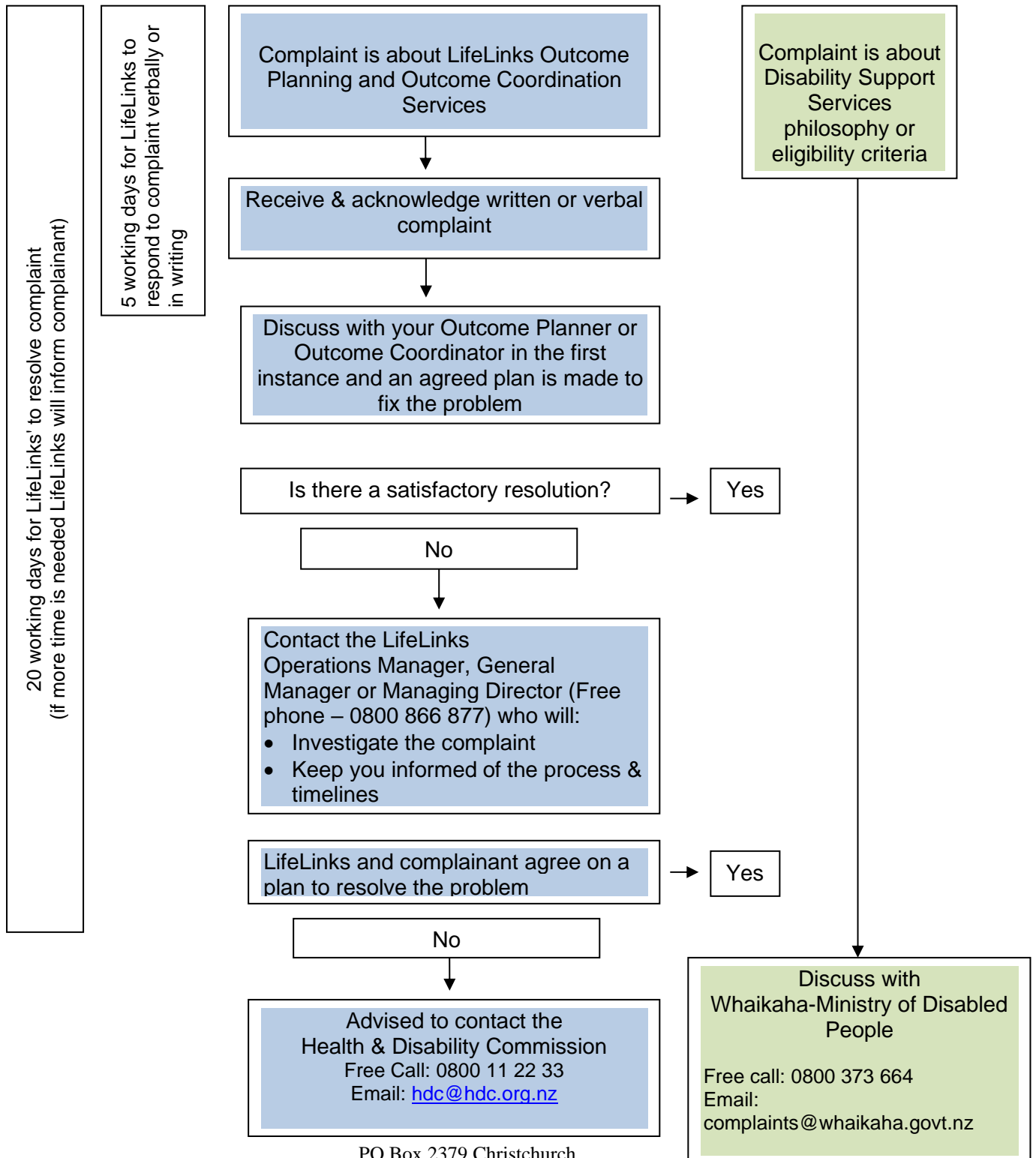
Toll Free: 0800 866 877
Christchurch Phone: (03) 365 9593
Christchurch Facsimile: (03) 365 5244

The Privacy Commissioner

Toll Free: 0800 803 909
Telephone: 04 474 7590
Facsimile: 04 474 7595
Email: enquiries@privacy.org.nz

**COMPLAINTS PROCEDURE FLOW CHART
 AMUAMU WHAKAREREKETANGA MAHERE RIPO**

What happens when you raise a complaint with LifeLinks?



ADVOCACY
Kaitaunaki

Advocacy is available to you and your family/whānau should you wish to be supported and/or helped to represent your views during the delivery of LifeLinks services.

This support, advocacy or advice might be offered by members of your family/whānau and friends or by specially trained people working for one of many specialist support groups and services.

For example, you are welcome to contact one of the following:

- A Health and Disability Advocate
- A consumer advisor
- A local support group, such as a peer support group

The following table includes the contact details for the Health and Disability Advocacy Service that you may wish to access should you decide that you would like to be represented or supported during your engagement with LifeLinks. A more comprehensive list of consumer and advocacy groups and their contact details can also be found on the Office of Disability Issues website: www.odi.govt.nz/about-us/organisations.html

Advocacy Service	Contact Details	Additional Information
Health and Disability Advocacy Service	Freephone: 0800 555 050 Free Fax: 0800 2787 7678 Email: advocacy@hdc.org.nz Website: www.hdc.org.nz	Refugee and Migrant Advocates This service also includes specialist refugee/migrant advocates one of whom is based in Christchurch and is the contact for the South Island.

For Māori clients and those from Pacific communities, information about culturally-appropriate advocacy and support services can be accessed by contacting the Health and Disability Advocate - Freephone: 0800 555 050

You are also welcome to seek support at any stage during service delivery from our company's kaumatua who can be contacted on: Free phone, 0800 866 877

Client Opinion Survey Questionnaire
Ou Whakaaro

1. Did the LifeLinks staff member explain their role so you were clear about what they could do for you? Please tick one box.

Yes

No

Comment:

2. Were we clear in all our communications with you? Please tick one box.

Yes

No

Comment on ways we could improve our communications:

3. Did you feel your point of view was listened to by LifeLinks' staff? Please tick one box.

Yes

No

Comment: _____

4. Has the service you received from LifeLinks met your expectations? Please tick one box.

Yes

No

Comment on what we could do better to meet your expectations:

5. Is there any way that LifeLinks can improve our service? Please tick one box.

Yes

No

If yes, please comment: _____

6. Overall, how satisfied are you with the service you received from LifeLinks? Please tick one box.

Very satisfied Satisfied Unsure Unsatisfied Very Unsatisfied

Comments: _____

7. 'As a result of receiving the LifeLinks' service I deal more effectively with daily life.'

Reflecting on this statement, please tick the box that best reflects your experience.

Strongly Disagree Disagree Unsure Agree Strongly Agree

Comments: _____

Thank you for taking the time to complete this questionnaire

If you are completing this client opinion survey questionnaire on behalf of our company's client/tangata whaiora, could you please identify your relationship to the client/tangata whaiora.

Relationship to LifeLinks client/tangata whaiora: _____

When you have completed the questionnaire, please return it in the reply paid envelope or by email or if you are completing the questionnaire on-line then press the "submit" button.

All personal information and /or identifying information received via the client opinion survey questionnaire will be kept strictly confidential and securely stored.

If you wish to discuss the questionnaire or any other issues, do not hesitate to contact us toll-free on 0800 866 877 or at community@lifelinks.co.nz .

Optional:

You do not have to include your name on this questionnaire.

However, if you would be willing for our LifeLinks Community Liaison staff member to contact you to discuss in more detail the points you have made, it would be helpful if you included your name and contact number.

Your name: _____

Your telephone / mobile number: _____