

IPP3A and Indirect Collection of Health Information

Guidance for Osteopaths in Aotearoa New Zealand

Effective from 1 May 2026

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1. Purpose of this Guidance

This document provides practical guidance for osteopaths on the new Information Privacy Principle 3A (IPP3A) obligations under the Privacy Act 2020 and the Health Information Privacy Code.

It focuses on what must change in everyday clinical practice, particularly in relation to referrals, shared care, ACC workflows, and administrative processes.

2. What Has Changed

IPP3A was introduced via the Privacy Amendment Act 2025 and comes into force on 1 May 2026. It applies to all personal information collected indirectly from that date onwards.

IPP3A introduces a requirement to notify patients when their health information is collected indirectly. Indirect collection means the information is obtained from a third party rather than directly from the patient.

This includes common clinical scenarios such as:

- GP or specialist referrals
- ACC claim information
- Reports from other health providers
- Information provided by family members or caregivers (outside of formal legal representation)
- Information received through shared care arrangements
- Online systems that pre-populate or transfer patient information

Previously, notification obligations were focused on information collected directly from the patient. This change extends those obligations into routine clinic workflows.

3. Core Requirement

When you collect health information indirectly, you must take **reasonable steps** to ensure the patient is aware of all of the following:

1. **The fact that information has been collected:** specify what kind of information has been collected
2. **The purpose for which the information has been collected:** be specific enough that the patient understands what their information is being used for
3. **The intended recipients of the information:** who the information will be shared with
4. **The name and address of your clinic** (as the agency collecting and holding the information): including contact details such as email or website
5. **If the collection is authorised or required by law, the particular law:** for example, ACC-related collection may be required under the Accident Compensation Act 2001
6. **The patient's rights of access to, and correction of, their information:** including a clear process for how to make such a request

This notification must occur as soon as reasonably practicable after the information is collected. Where possible, notification should be built into existing intake and booking processes so it occurs before or at the point of first contact.

Note: Items 4 and 6 above are legally required elements of IPP3A notification that go beyond a general explanation of purpose. Your notification processes and privacy statement must include all six elements to be fully compliant.

4. Why This Matters for Osteopathic Practice

The majority of osteopathic clinics regularly receive information indirectly. This includes:

- Referrals into the clinic
- ACC-related documentation
- Collaboration with other providers
- Administrative intake processes

Non-compliance risk sits primarily within:

- Front desk processes
- Intake systems
- Communication workflows

It is not limited to having a compliant privacy policy. A privacy policy alone is not sufficient. Active notification is required.

5. What Counts as Indirect Collection in Practice

Example 1: GP Referral

A GP sends a referral with clinical notes. This is indirect collection. The patient must be informed that:

- The clinic has received information from the GP
- The information will be used to inform their care
- The clinic's name, address, and contact details (for access/correction requests)

Example 2: ACC Information

ACC provides claim details or injury information. This is indirect collection. Even though ACC is part of the care pathway, notification is still required unless an exception applies. The collection may be authorised under the Accident Compensation Act 2001. If so, this should be stated in your notification.

Example 3: Shared Care

A patient is co-managed with another provider, and notes are shared. This is indirect collection. The patient must be aware that:

- Information is being shared between providers
- It will be used as part of their care
- Who the other provider is, and why the sharing is occurring

Example 4: Family-Provided Information

A parent or partner provides information about the patient outside of a formal legal guardianship or power of attorney arrangement. This is indirect collection and triggers notification requirements.

Important distinction: If a person is acting under a formal legal power of attorney or court-appointed welfare guardianship under the Protection of Personal and Property Rights Act 1988, that representative is treated as standing in the shoes of the patient. Collection in those circumstances is treated as direct collection and IPP3 (not IPP3A) applies.

Example 5: Online Intake or Referral Platforms

Information is received through a third-party booking or referral system. If the information originates from another party and is not entered directly by the patient into your own system, this is likely indirect collection.

Clarification: If a patient fills out your own online intake form themselves, that is direct collection and IPP3A does not apply. IPP3A applies where the information flows from another agency or person into your clinic.

6. What You Must Have in Place

Compliance requires three aligned components.

6.1 Privacy Statement

Your privacy statement must clearly state:

- That you may collect information from third parties
- The types of third parties involved (e.g. GPs, ACC, other health providers)
- The purpose of collection
- How information is used and shared
- Your clinic's name, address, and contact information
- How patients can access or correct their information

This is a baseline requirement but is **not sufficient on its own**.

6.2 Active Notification Process

You must actively notify patients when indirect collection occurs. This cannot rely solely on a privacy policy.

Acceptable methods include:

- Verbal notification during consultation
- Written notification via intake forms
- Automated communication such as email or SMS at the time of booking confirmation
- Layered notices (a brief notice on a form with a link to the full privacy statement)

6.3 Staff Awareness and Training

All staff involved in intake and patient interaction must understand:

- What indirect collection is
- When notification is required
- How to provide that notification
- All six required elements of an IPP3A notification

A simple operational rule for staff:

"If the information did not come directly from the patient, consider whether notification is required."

7. Exceptions

IPP3A includes exceptions where notification may not be required. These are listed below. Clinics should be cautious about relying on exceptions without clear justification and should document the reasoning for relying on any exception.

Exception	When it may apply in an osteopathic context
Individual already aware	The referring agency (e.g. GP practice) has already notified the patient of your clinic as a recipient of their information, and you have evidence of this
Information publicly available	Information comes from a public register or publicly accessible source
No prejudice to the individual	Common, low-risk situations where the person would suffer no detriment from not being notified (this exception should be used narrowly)
Prejudice to purpose of collection	Notification would undermine a legitimate investigation, and is unlikely to apply in routine osteopathic practice
Not reasonably practicable	You do not hold contact details for the patient and it is not reasonable to collect them solely for notification purposes. Note that cost and inconvenience alone are not sufficient grounds
Serious threat to public health or safety	Notification would delay action needed to address an immediate and serious public health or safety risk
Information not used in identified form	Information will be de-identified or used only for aggregated statistical or research purposes
Trade secret / commercial prejudice	Disclosure would reveal a trade secret or unreasonably prejudice the commercial position of the information supplier

In most routine osteopathic practice scenarios, these exceptions will not apply. Do not assume an exception applies. Be prepared to justify and document your reasoning.

8. Acting on Behalf: A Special Consideration

Where someone is acting on behalf of a patient (e.g. a parent for a child, or an authorised representative), the information they provide is still considered indirect collection, and IPP3A applies.

In these cases, reasonable steps include making the representative aware of all IPP3A matters, so they can communicate these to the patient they represent.

Exception: Where someone acts under a formal enduring power of attorney or court-appointed welfare guardianship under the Protection of Personal and Property Rights Act 1988, collection from that person is treated as direct collection. IPP3 applies instead.

9. How to Implement This in Your Clinic

Step 1: Map Your Information Flows

Identify:

- Where patient information comes from
- Who receives it within your clinic
- Whether the patient is currently notified at each point

Step 2: Update Your Privacy Statement

Ensure it includes all six IPP3A elements:

- Indirect collection sources and the types of third parties involved
- Purpose of collection
- Intended recipients of the information
- Your clinic's name, address, and contact details
- Any legal authority for collection where applicable
- How patients can exercise access and correction rights

Use clear, accessible language.

Step 3: Introduce Notification Points

Implement at least one of the following:

- Intake form acknowledgement covering all six required elements
- Automated notification (email or SMS) when a referral or booking is received
- Verbal confirmation at first consultation

Step 4: Notification Language and Scripts

The examples below are intended as a **guide only**. The most effective notification will always be natural, proportionate, and suited to your clinical environment. You do not need to read from a script. The goal is simply to ensure the patient is aware that information has been received, where it came from, why it is being used, and that they can access or correct it.

The right approach will differ depending on your practice setting. Two common scenarios are outlined below.

Scenario A: Sole Practitioner

In a sole practice, the treating osteopath may handle both clinical and administrative functions. Notification will typically happen either by emailing the patient that you have received their report from [GP / x-ray report from radiology / other healthcare provider], or verbally at the start of the first consultation.

At the start of the first appointment:

"I received a referral from your [GP / x-ray report from radiology / other healthcare provider] before today's appointment. I will be using that information as part of your assessment. You are welcome to access that information or request any corrections at any time."

Adjust the source reference to reflect what was actually received, for example a GP referral, imaging report, or notes from another treating provider.

When notification is not required:

If the patient has already been notified of the collection (for example, through an automated booking confirmation email), or if the patient has brought the information in themselves, you do not need to acknowledge this again. Notification is a one-time requirement and there is no obligation to repeat it at each interaction.

Scenario B: Practice with an Administration Team

Where a reception or admin team handles intake separately from the treating clinician, notification can be done by simply emailing the patient directly to advise that the clinic has received documentation from [GP / x-ray report from radiology / other healthcare provider], or by letting the patient know when they arrive for their appointment.

Clinician at start of consultation (brief follow-through):

"You may have been emailed or told that we received your referral notes. I have had a look through those and we will use them as part of today's assessment."

Across both scenarios, the key is that notification occurs before or at the point of first contact with the patient, is delivered in plain language, and does not feel clinical or alarming. A brief, conversational acknowledgement is entirely appropriate in most routine situations.

Step 5: Review Third-Party Systems

Check:

- Booking platforms
- Referral systems
- ACC workflows

Confirm that these systems either notify patients directly on your behalf (and that such notification covers all six required elements and names your clinic specifically), or that your

own notification process captures what they do not.

10. Clinical Workflow Example

Scenario: A patient is referred by a GP and books an appointment online.

Step	Action	Notification element addressed
Referral received by clinic	Clinic sends patient an email	Fact of collection, source, purpose, clinic name and contact, access/correction rights
Patient attends first appointment	Clinician or admin provides verbal confirmation	Reinforces all elements; opportunity for patient to ask questions
Ongoing shared care	Notes shared with GP	Patient previously notified; update if new recipients are added

This satisfies the requirement for reasonable steps to notify, provided the confirmation email covers all six required elements.

11. Third-Party Referral Arrangements

If your clinic routinely receives referrals from specific agencies (e.g. a GP practice, a hospital, or a workplace injury provider), you may be able to agree that the referring agency notifies patients of your clinic as a recipient as part of their own IPP3 obligations. This would mean patients are already aware when their information reaches you.

If relying on this approach:

- The referring agency must specifically name your clinic (not just describe a generic category of "service providers")
- You must have reasonable evidence that this notification has occurred. An agreement or contractual clause is recommended
- You remain responsible if the referring agency fails to notify

This approach can reduce duplication and improve patient experience. However, it requires active coordination with referring partners.

12. Risk and Professional Considerations

Failure to comply may result in:

- Complaints to the Privacy Commissioner
- Reputational risk
- Increased regulatory scrutiny

From an insurance perspective, professional indemnity policies (such as those held through QBE) may provide cover for civil liability claims, including legal defence costs where a valid claim arises. However, insurance cover is subject to policy terms and conditions. Members

should review their own policy wording. Privacy compliance is primarily a **risk management** issue and must be addressed at a systems level. Insurance is not a substitute for compliance.

13. Key Takeaway

IPP3A shifts privacy obligations from passive documentation to active communication. Clinics must ensure that patients are informed when their information enters the clinic from another source, and that notification covers all six legally required elements.

This is now part of standard, expected clinical practice from 1 May 2026.

14. Further Resources

Members are encouraged to refer to:

- [Office of the Privacy Commissioner : IPP3A Guidance](#) (including the IPP3A decision flowchart)
- The Health Information Privacy Code (current version)
- The Privacy Amendment Act 2025
- Professional indemnity policy documents relevant to your practice

Note: The Office of the Privacy Commissioner has published detailed guidance on IPP3A at privacy.org.nz/resources-and-learning/a-z-topics/ipp3a/. Members are encouraged to check this page for any updates as the 1 May 2026 effective date approaches.

Legal Disclaimer and Important Notice

This document has been prepared by Anj Young on behalf of Osteopaths New Zealand for the purpose of member education and general guidance only.

This document does not constitute legal advice. The information contained in this guidance is intended to provide a general overview of the obligations introduced by Information Privacy Principle 3A (IPP3A) under the Privacy Amendment Act 2025. It is not a substitute for specific legal advice tailored to your individual practice circumstances.

The law in this area is relatively new, and its application to specific scenarios may evolve as the Office of the Privacy Commissioner publishes further guidance, and as practice develops over time. Members are strongly encouraged to:

- **Seek independent legal advice** from a qualified New Zealand solicitor or privacy law specialist before making significant changes to your practice policies or procedures on the basis of this document
- **Review the primary sources** listed in Section 14, including the Office of the Privacy Commissioner's published guidance, which is the authoritative reference

- **Consult your professional indemnity insurer** regarding how IPP3A obligations may interact with your policy coverage

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