Application for review of decision on your claim. Fill in this form if you want to request an independent review about a decision we’ve made about your claim or your levies.

About review applications

Before you fill in this form, please read the following information.

* Completing this form with the required information means that if we cannot resolve things then we must engage an independent reviewer as soon as practicable, and a hearing date will be set within three months.
* We will work with you to identify all documents which are relevant to your review and how we will deliver them to you. These documents will also be given to the independent reviewer.

More information about independent reviews can be found on the [ACC website](https://www.acc.co.nz/contact/get-a-decision-reviewed/).

Retuning this form

* It’s important to fill in all sections of this form. We may be unable to process your application if there is any missing information
* You need to apply for a review within three months from the date of our decision letter. In some circumstances we can accept late applications, such as if events outside of your control prevent you from applying in time. We are unable to extend the time for levy reviews or where the applicant is an employer. If you need any help with this form, please contact the person at ACC who has been helping you with your claim or levies or contact us on 0800 101 996.

When you are finished with this from, please return it to [accreviewapplication@acc.co.nz](mailto:accreviewapplication@acc.co.nz) or Resolution Services, PO Box 892, Waikato Mail Centre, Hamilton 3240.

|  |  |
| --- | --- |
| 1. Client/Customer details | |
| Client/Customer name: | Claim or ACC number: |
| Contact number: | (Optional) Organisation name: |
| Address: | |
| Postal address (if different from above): | |
| Email address: | |

|  |  |
| --- | --- |
| 2. Primary contact for this application | |
| Use contact details in Section 1:  Use contact details of the person below: | |
| Contact name: | Contact number: |
| Email address: | Authority to Act attached:  Yes |
| Relationship to the review applicant: | |

|  |
| --- |
| 3. Decision date |
| What is the date of the decision letter that you want reviewed? |
| What is the decision about? |

|  |
| --- |
| 4. The review reasons |
| Please explain why you would like to review our decision and what your ideal outcome is. Include any information that supports your application. You can attach extra pages if you like. |
| If you’re applying to review a decision more than three months since the date of the decision, please explain why you were unable to apply earlier. You can include additional documents that support your reasons. |

|  |
| --- |
| 5. Supporting you through the review process |
| You have the right to have your culture, values, and beliefs respected. If you would like cultural support with your review, please let us know how we can best support you: |
| Alternative Dispute Resolution provides us and customers with an opportunity to engage in meaningful conversations with an independent party to find a way forward or resolution without the need for a formal review hearing.  Please contact me about engaging in Alternative Dispute Resolution:  Yes |
| ACC engages suppliers to provide Independent Reviewer Administration and Dispute Resolution services. Please let us know if you have a preference of supplier:  Fair Way  Independent Complaints and Review Authority |

|  |  |
| --- | --- |
| 6. Declarations and signature | |
| **I declare:**  That the information given in this form is true and correct and that I have not withheld any information likely to affect my application. I will inform ACC of any change in circumstances which may affect my entitlements.  **I authorise:**  ACC to collect the following information and to use and disclose it in accordance with the purposes set out above and in ACC's Personal Information and Privacy Policy:   * Medical and other records which are or may be relevant to my claim * Details of my accident * Tax records, employment details and history which are or may be relevant to my claim * The holders of such information to provide it to ACC   ACC to provide my claim file to an independent reviewer or conciliator and to external ACC advisors (such as lawyers or medical experts). | |
| Name: | |
| Signature: | Date: |

|  |
| --- |
| 7. Collecting and using your personal information |
| ACC collects your personal and health information to assess whether your claim is covered under the ACC scheme, to manage your claim, and to assess and provide appropriate rehabilitation, treatment, and compensation to you.  We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001 (including research, policy development, maintaining a claims database, systems testing, levy setting, internal processes including investigations, training, and processing information requests).    ACC may need to obtain medical and other records about you from third parties such as your general practitioner (GP), specialists, other medical professionals or treatment providers, or your employer.    Providing information to ACC is voluntary.  However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements.  Under the Accident Compensation Act 2001, you must provide information that is relevant to your claim when ACC reasonably requires you to provide it.  ACC may decline to provide any entitlement if you unreasonably refuse to give ACC any relevant information or to authorise ACC to obtain records that may be relevant to your claim.    ACC shares personal and health information with other agencies for the purposes of managing claims and entitlements, to fulfil our other statutory functions, and in other situations where permitted or required by law.  These agencies include government agencies, external providers (Eg, treatment providers) and your employer (including for non-work-related injuries).    You have the right to access and request correction of personal and health information that ACC holds about you.    The Privacy Act 2020 and the Health Information Privacy Code 2020 apply to your personal and health information.  Further details of how and why we collect, use, store and disclose information are set out in our Personal Information and Privacy Policy, which may be viewed on our website [www.acc.co.nz/privacy-disclaimer](http://www.acc.co.nz/privacy/privacy-disclaimer)    For more information about privacy, to request access or correction of your personal and health information, or if you have a question or concern, contact us:    [privacy.officer@acc.co.nz](mailto:privacy.officer@acc.co.nz)  The Privacy Officer  Accident Compensation Corporation  PO Box 242  Wellington 6011 |