

**HEALTH NEW ZEALAND | TE WHATU ORA PRIVACY WAIVER
AUTHORISATION**

I, _____ [Full name]

of _____ [Current address]

authorise Health New Zealand | Te Whatu Ora to disclose, provide context and comment on, my personal and health information held by Health NZ in relation to health services provided to me between the dates of _____ and

to: _____ [Name of media outlet]

for the purpose of:

This waiver constitutes authorisation to disclose personal and health information in accordance with the Privacy Act 2020 and Health Information Privacy Code 2020.

In signing this form, I fully understand the implications of this waiver and of Health NZ commenting on the specifics of my care and treatment, between the dates recorded above, in the media.

This authorisation is valid until: _____ [Typically three months from current date]

Signature

Date