

# Annie Huntington Psychotherapy

## Working Together including Privacy Policy<sup>1</sup>

Current as of: 1/10/2026

**Practice Name/Practitioner:** Annie Huntington Psychotherapy and Supervision

**Contact Email:** Anniehuntington@protonmail.com

**Website:** anniehuntington.net

My practice operates in accordance with the Privacy Act 2020 and the Health Information Privacy Code 2020, while remaining mindful of cultural safety, relational whānau contexts, and my commitments under Te Tiriti o Waitangi. This privacy policy outlines how I collect, store, use, and protect your personal and health information, including when you visit my website and/or become a client. My practice is exclusively for adults (aged 16 and over). I do not intentionally provide services to, or collect data from, children under the age of 16 without appropriate parental or legal guardian consent, where legally applicable under the HIPC. This Privacy Policy supplements any other notices or terms published on my website. It is important that the information I hold about you is accurate and current. ***Please keep me informed of any changes to your personal details.***

My website may include links to third-party websites, plug-ins, and applications. Clicking on those links or enabling those connections may allow third parties to collect or share data about you. I do not control these third-party websites and am not responsible for their privacy practices. I encourage you to read the privacy policy of every website you visit.

Any professional work undertaken using ZOOM, or any other digital platform, is conducted under the jurisdiction, laws, and ethical guidance of Aotearoa New Zealand.

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## 1. Information I Collect

To provide safe and effective psychotherapeutic care and professional supervision, I collect relevant personal and health information directly from you, and occasionally from your EAP provider. This includes:

- **Identity and Contact Details:** Full name, date of birth, pronouns, phone number, email, physical address, and emergency contact details.
- **EAP Employment & Referral Data:** If you are attending via an Employer Assistance Programme (EAP), I collect your EAP authorization code, the name of the EAP provider, and any specific administrative parameters required by them (e.g., number of approved sessions). I do not automatically collect or hold information about your employer unless required for specific safety or billing verification.
- **Clinical and Supervision Records:** Relevant medical and mental health history, session notes, assessment summaries, supervision logs, and treatment plans.
- **Financial Details:** Invoicing records and payment history for private clients/supervisees, or billing details mapped to your EAP reference code.

## 2. Purpose of Collection

I collect and use this information strictly to:

- Provide you with professional, confidential psychotherapeutic or supervision services.
- Maintain clinical records required by my professional registration body and New Zealand law.

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<sup>1</sup> Please note – standards for supervision are included, where relevant, in supervision agreements.

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- Manage administrative and financial operations (e.g., booking appointments).

## 3. Sharing and Disclosure (Confidentiality and its Limits)

Your information is highly confidential. What we discuss in sessions and your clinical records will not be shared with anyone outside of my practice without your explicit consent, except under the following conditions:

- **Serious Risk of Harm:** to prevent or lessen a serious threat to public health or public safety, or the life or health of the individual concerned or another individual (as per Rule 11 of the Health Information Privacy Code 2020).
- **Professional Supervision:** As part of my New Zealand professional registration requirements, I regularly discuss clinical work with a qualified supervisor. Your identity is completely anonymized or heavily disguised during these consultations.
- **Legal Obligations:** If required by a court order, subpoena, or statutory body acting under New Zealand legislation.

### For EAP Clients (Strict Separation of Clinical Data):

- **Information Shared with the EAP Provider:** When your sessions are funded through an EAP, I am contractually required to confirm your attendance, give your authorization code, and list the number of sessions used so that the EAP provider can process payment.
- **Information Hidden from Your Employer:** Your employer pays for the EAP service, but they never receive your clinical notes, reasons for attending, or confirmation of your identity from me. Your attendance remains confidential between you, myself, and the EAP administrative portal.

## 4. Storage and Security of Data

The personal and health information I hold about you is limited to what is clinically and administratively necessary. I take all reasonable steps to safeguard your information against loss, unauthorized access, or misuse:

- **Electronic Records:** Any electronic forms or information you forward to me, private invoicing, and digital communications are stored using secure, password-protected, and encrypted local drives or secure cloud environments compliant with NZ health privacy standards. EAP data is entered directly into secure, authorized EAP portal frameworks.
- **Session Notes:** Brief, hand-written clinical notes regarding our therapy or supervision sessions are securely stored in a locked filing cabinet.

Only I have direct access to these electronic and physical records. In line with the *Health (Retention of Health Information) Regulations 1996*, your health information will be securely retained for a minimum of 10 years from the date of your last session, after which it will be permanently and securely destroyed.

## 5. Emergency and Professional Contingencies

- **Next of Kin:** I will ask you to provide contact details for a designated emergency contact. This information will only be used if you become acutely unwell or experience a medical emergency during a session.
- **Medical Emergencies:** If you experience an emergency or fall ill during a consultation, I will contact emergency medical services and disclose your name, relevant contact details, and any medication details known to me.

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- **Practice Contingency (Clinical Will):** Should I suddenly become incapacitated or unable to work due to an unexpected emergency, a designated professional colleague will assume administrative responsibility for managing my practice. In this rare event, your identity and contact details will be disclosed to them solely so they can contact you to share information and support you moving forward. This colleague is bound by the same strict professional and ethical guidelines of confidentiality.

## 6. Referrals and Reports

- **Professional Referrals:** If we agree that a referral to another healthcare professional or specialist service is needed I will check whether you would like me to contact them yourself. If you decide you would like me to contact them I will ask for explicit permission to share your name and contact details. I will not transfer this data without your permission.
- **Clinical Reports:** If you request a formal report for legal, insurance, or medical purposes, we will discuss whether I am able to provide it. Approved reports are subject to a professional fee calculated on my hourly rate, which will be confirmed with you in advance.

## 7. Your Rights: Access and Correction

Under the Privacy Act 2020, you have the right to:

- **Access Your Information:** You can request a copy of the personal and health information I hold about you at any time.
- **Request Correction:** If you believe any information I hold is inaccurate, outdated, or incomplete, you have the right to request a correction. If I choose not to amend the record, you can request that a statement of your preferred correction be attached to the file.
- **Withdrawal of Consent:** You may choose to withdraw your consent for me to process your data at any time. However, because holding basic records is a core professional and legislative requirement for safe practice, withdrawing consent while actively undergoing therapy will necessitate the immediate conclusion of our professional service. Please note that legal record retention mandates mean I cannot delete historical records already captured.

## 8. Privacy Breaches

In the highly unlikely event of a privacy breach that causes—or is likely to cause—serious harm, I will notify you and the **Office of the Privacy Commissioner** as soon as practicable, in compliance with my mandatory reporting obligations under the Privacy Act 2020.

## 9. How to Contact Me or Make a Complaint

If you have any questions about this privacy policy, wish to exercise your right to access or correct your data, or have concerns about how your information has been handled, please contact me directly (***see above for details***). If you are unsatisfied with my response, you have the right to make a formal complaint to the Office of the Privacy Commissioner

**Website:** [Office of the Privacy Commissioner](#) **Phone:** 0800 803 909