

Appendix B Format for submissions

Privacy Foundation New Zealand Hauora Health Privacy Working Group

The Privacy Foundation New Zealand advocates for the protection of all Aotearoa New Zealanders' privacy rights. We highlight privacy risks in all forms of law, technology and practice, and campaign for practical and fair solutions. The Foundation's Hauora Health Privacy Working Group monitors and looks at the privacy issues and policy impacts that vulnerable consumers and patients may face.

Questions	Comments
Q1. Do you agree that introducing a regulated EIEP4A will address the issues with EIEP4 described above in 2.6?	We support the new EIEP4A being regulated given the sensitivity of information involved, and the comment at 2.6(a) that the current protocol is inconsistently applied.
Q2. If you are a retailer or distributor, does limiting the data provided in the proposed EIEP4A to only medically dependant status at the ICP level meet your operational needs? If not, what additional data would you suggest?	Though we are not a retailer or distributor, we would comment here that Information Privacy Principle 1 of the Privacy Act requires agencies to only collect information that is connected to their functions and activities. Further, the information collected must be necessary for that purpose. The principle also mandates that if an individual's identifying information is not required, then it should be collected. The <u>Privacy Commissioner comments</u> that the principle is about data minimisation. There would need to be considered justification for why other personal information about medically dependent consumers was required beyond the ICP number.
Q3. Should the use of the EIEP transfer hub be mandatory?	Where this appears to be the main centralised platform which uses SFTP, we would encourage this means of transfer over other ad hoc methods. We would expect however that the transfer hub satisfies Information Privacy Principle 5 requirements of the Privacy Act and is subject to reasonable security safeguards and specific IT controls that ensure cyber security. Emailing password protected files is a possible option that goes towards compliance with Information Privacy Principle 5, however in practice this may be applied inconsistently, potentially in a number of ways

	- for example either a weak or no password will be added to the files, sender and recipient do not wish to deal with the administration involved in managing passwords, or the incorrect recipient is added to the email. We query also whether there would be times that file size limits would restrict sending via email.
Q4. Do you agree with the objective of the proposed form? If not, why not?	We agree with the objective of the proposed form in that it aims to ensure consistent, reliable and timely exchange of information about medically dependent consumers, and would also add that an additional objective should be around the appropriate and safe sharing of the information.
Q5. Have we identified all the main costs and benefits? If not, what are we missing?	We strongly support the privacy risk mitigation benefit that has been identified. Participants should not be collecting and using more personal information of medically dependent consumers than is required within their defined purposes such as (where applicable) notifying consumers of outages and to ensure their compliance with their obligations under clauses 37 and 51 of the Consumer Care Obligations.
	In addition to the risk mitigation focus, from the perspective of participants there is a legal compliance benefit in terms of compliance with the Privacy Act.
	As well as a main focus on protecting consumer privacy through data minimisation, there are also potential benefits around good custodianship and stewardship of information. Participants should be mindful of the principles of manaakitanga and kaitiakitanga under the Data Protection and Use Policy.
Q6. Do you agree the benefits of the proposed amendment outweigh its costs?	From the details outlined in the consultation paper, yes.
Q7. Does the proposal adequately address privacy concerns? If not, what additional safeguards should be included?	We would suggest greater emphasis is given in the protocol to only using the information for the clearly defined purposes of participants and in accordance with their own privacy statements to consumers and internal privacy policies. Some of this comes across from the dependencies section and point 4 of the general requirements, however, could be more explicit. The description of when the protocol applies could be amended to address this.

	In the same way that a Privacy Impact Assessment (PIA) has been completed by the Authority for the Consumer Care Obligations Project as a whole, we recommend that a PIA is done for EIEP4A.
Q8. Do you foresee any practical or technical challenges with implementing ICP-only data exchanges? If so, what mitigations would you propose?	
Q9. Do you agree the proposed amendment is preferable to the other options? If you disagree, please explain your preferred option in terms consistent with the Authority's statutory objective in section 15 of the Electricity Industry Act 2010.	