

Access to and disclosure of identifying information

Tono ki te whakapuaki kōrero tautuhi



Internal Affairs
Te Tari Taiwhenua

BDM406

Use this form if you are a donor or donor-conceived person and you want to provide or cancel your consent to the release of your identifying information from the Human Assisted Reproductive Technology (HART) Register.

Identifying information is any information that can be used to identify you, such as your full name or date of birth.

Before you apply

How to submit your application

You can fill out and submit this application form if you are:

- a donor who donated before 22 August 2005
- a donor-conceived person who is aged 18 or older
- a donor-conceived person aged 16 or 17 who has the approval of the Family Court and has attached a copy of the order from the Family Court
- a guardian of a donor-conceived person, if the donor-conceived person is under 18 years of age and does not have the approval of the Family Court to complete the form
- an agent authorised by a donor, donor-conceived person aged 18 or older, or a guardian of a donor-conceived person aged 17 or under (attach a BDM405 Authorisation for disclosure of information to agent form).

You can either give this completed form to your fertility service provider or post to:

HART Team

Births, Deaths & Marriages

PO Box 1052

Wellington 6140.

You can also scan pages 2 to 4 and email to:
BDM.Hart@dia.govt.nz

Who can access your identifying information

If you are a donor who donated before 22 August 2005, all identifying information held by the fertility clinic or Births, Deaths and Marriages (BDM) can be given to:

- people conceived by your donation aged 18 or over, or
- guardians of people conceived by your donation aged 17 and under.

The fertility clinic or BDM will tell you if someone accesses your identifying information.

If you are a donor-conceived person:

- your donor can request to know your sex, regardless of whether you or your guardian has given consent
- you (or your guardian if you are aged under 18) must give consent using this form before your donor or people related to the same donor can access your identifying information.

The fertility clinic or BDM can refuse a request to access your information if disclosure is likely to endanger any person.

Contact details

Website: govt.nz/bdm/contactus

Email: bdm.nz@dia.govt.nz

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How to answer:

- You can complete this form by hand or on-screen using Adobe Acrobat Reader.
- You can use the tab key to move to the next fillable form field in Adobe Acrobat Reader.
- You must still print off the application and sign it by hand.

1. I am submitting this application to:

- ☐ Births, Deaths and Marriages
- ☐ My fertility clinic (fill out name and address below)

Name and address of fertility clinic

2. I am a:

- ☐ A donor who donated before 22 August 2005
- ☐ A donor-conceived person who is aged 18 or older
- ☐ A donor-conceived person aged 16 or 17 years, authorised by the Family Court (attach Family Court order)
- ☐ A guardian of a donor-conceived person aged under 18 years
- ☐ An agent (for example, a lawyer) acting on behalf of a donor-conceived person or their guardian, (attach completed BDM405 *Authorisation for disclosure of information to agent* form)

3. My fertility service provider identifier (if known)

Identifying number or symbol

4. I give my consent to release my identifying information (tick one, if applicable)

Fill in this section if you wish to consent to the release of your identifying information. If you wish to cancel the consent you have previously given, fill in section 5.

- ☐ I am a donor who donated before 22 August 2005 and I consent to people conceived by my donation receiving my identifying information.
- ☐ I am a donor-conceived person and I consent to donor-conceived people that share my donor receiving my identifying information.
- ☐ I am a donor-conceived person and I consent to my donor receiving my identifying information.

5. I cancel the consent I have given (tick one, if applicable)

Fill in this section if you wish to cancel the consent you have previously given. If you wish to consent to the release of your identifying information fill in section 4.

- ☐ I am a donor who donated before 22 August 2005 and I cancel the consent for people conceived by my donation to receive my identifying information.
- ☐ I am a donor-conceived person and I cancel the consent for donor-conceived people that share my donor to receive my identifying information.
- ☐ I am a donor-conceived person and I cancel the consent for my donor to receive my identifying information.

6. My details

6a. Current name

Current first name(s)

Current surname

6b. Name at birth (if different from above)

First name(s) at birth

Surname at birth

6c. Place and date of birth

Village, town or city of birth

Country of birth

Date of birth (dd/mm/yyyy)

7. Referee declaration

This section must be completed by another person who is 16 years or older.

I declare that:

- I am 16 years of age or over.
- I have known the applicant for at least 6 months, or have seen their government issued photo identification.
- I am satisfied the named person's identity information stated on page 3 of this BDM406 *Access to and disclosure of identifying information* form is true and correct.

Signature of referee

Date signed (dd/mm/yyyy)

Full name of referee

Contact phone number

Contact address of referee