

Standards related to Policy:

- ISO 9001:2015 – 8.5.3/8.5.4/7.1.5
- AGPAL –4.2.1/4.2.2|5.1.2



PRIVACY AND CONFIDENTIALITY POLICY

Policy Number: 914

Standards related to Policy:

- ISO 9001:2015 – 8.5.3/8.5.4/7.1.5
- AGPAL –4.2.1/4.2.2|5.1.2



1. PURPOSE

To ensure staffs are following best privacy practice guidelines and are adhered to procedure

2. SCOPE OF POLICY

All employees of ATSI CHS Mackay Ltd who have received induction and are deemed competent are to perform the procedures in this policy

3. PROCEDURE

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1. COLLECTION

1.1 ATSI CHS staff must not collect personal information unless the information is necessary for one or more of its functions or activities.

1.2 ATSI CHS staff must collect personal information only by lawful and fair means and not in an unreasonably intrusive way.

1.3 At or before the time (or, if that is not practicable, as soon as practicable after) ATSI CHS staff collects personal information about an individual from the individual, ATSI CHS staff must take reasonable steps to ensure that the individual is aware of:

- the identity of the ATSI CHS Mackay and how to contact it; and
- the fact that he or she is able to gain access to the information; and
- the purposes for which the information is collected; and
- the organisations (or the types of organisations) to which ATSI CHS Mackay usually discloses information of that kind; and
- any law that requires the particular information to be collected; and
- The main consequences (if any) for the individual if all or part of the information is not provided.

1.4 If it is reasonable and practicable to do so, ATSI CHS staff must collect personal information about an individual only from that individual.

1.5 If ATSI CHS staff collects personal information about an individual from someone else, they must take reasonable steps to ensure that the individual is or has been made aware of the matters listed in section 5 and 7 except to the extent that making the individual aware of the matters would pose a serious threat to the life or health of any individual.

2. TYPES OF INFORMATION COLLECTED

- Contact details
- Family history
- Clinical findings (e.g. Blood pressure, Height, Weight, etc)
- Results (e.g. Pathology, Radiology, Blood tests, etc)
- Ethnicity
- Gender

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- Medicare details

3. INFORMATION DISCLOSURE

The ATSIChS Mackay health service submits de-identified data (De-identification is a process by which a collection of data or information (for example, a dataset) is altered to remove or obscure personal identifiers and personal information (that is, information that would allow the identification of individuals that are the source or subject of the data or information) regularly to help improve treatment and outcomes (e.g. "Closing the Gap"). No personal or identifying information is disclosed. All funding bodies are located within Australia.

(This information disclosure is outlined in the New Client Personal Details Form Doc_142_New_Client_Form_V14)

4. QUALITY OF PERSONAL INFORMATION

The ATSIChS Health services System Quality Officer and relevant staff regularly reviews the quality of personal information to ensure the details recorded are accurate and complete. Patient information Recall System tools are utilized to identify errors and validate data integrity. Third party programs, such as the "Clinical Audit Tool" are used to assist in identifying clients with incomplete data, such as, no allergies recorded, no ethnicity recorded, missing height or weight, etc and patients are prompted at next visit. Reception staff is trained to confirm with patients as they arrive, their address and any changes since their last visit. In addition to this, staff can run a manual validation on the Medicare details of patients and a notification will flag if there are any inconsistencies with the client's details.

5. CONFIDENTIALITY AND SECURITY

Health records held by ATSIChS are the property of the Health service, and kept under adequate security to ensure their confidentiality is maintained.

Health records, or identifying information concerning a patient, must be handled at all times in accordance with relevant legal and policy requirements, such as:

- **Statutory confidentiality obligations** under health legislation (e.g. *Health services Act 1991* and *Health Act 1937*)
- Computer Administration Policy (*Doc_077*)

5.1 Health records should only be removed from the ATSIChS Health service in response to:

- A judicial process (e.g. court subpoena; search warrant)
- Approval by the Senior Medical Officer, where the records are to accompany a patient transferred from one health facility to another.

5.2 When an original health record leaves the premises, a copy of the record will be made and kept on site at the ATSIChS Health Service.

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5.3 All ATSI CHS clinical documents/records are held indefinitely.

6. COMPLAINTS

If a client is dissatisfied with the treatment provided or feels their clinical information is being misused and/or in breach of the APP, the client has the right to make a formal complaint.

6.1 All formal complaints should be directed to the Coordinator/s. All written complaints should be directed straight to the Coordinator/s. When a verbal complaint is made, the staff member who the complaint is being made to should attempt to gather as much information regarding the issue and then resolve the complaint in the first instance. If the complaint cannot be resolved at the local level, then the complaint should be immediately forwarded on to the Coordinator/s.

6.2 The Coordinator/s may determine that the complainant should be encouraged to meet with the respondent/s in an effort to resolve the issue. This meeting may be facilitated by the Coordinator/s. If the complaint remains unresolved the matter including the engagement of an external facilitator to resolve any remaining issues

6.3 Where a complaint relates to a criminal matter, it will be referred to the relevant authority for investigation.

6.4 Where a staff member has a complaint with management a letter is forwarded to the Chairperson for discussion and action. Where there is no resolution to the complaint, the chairperson or ATSI CHS Board of Directors will engage with an external body for final resolution.

7. TIME LIMITS AND ACKNOWLEDGEMENT OF COMPLAINTS

Complaints will be acknowledged in writing within 7 days and should provide an estimated period that will be required to deal with the matter and for the complainant to have a substantive reply. All complaints should be dealt with and resolved in a timely manner. The complainant should receive in writing the outcomes/ actions to be followed in regard to their complaint. They should also be provided with details of the governing body to contact if they are unhappy with the final outcome.

8. PROVIDING ACCESS TO HEALTH RECORDS

8.1 Time Frame

Administrative access is available only where the requested content of a health record is suitable for full release to the applicant. In such cases, access should be given with five working days of receipt of the application.

Where a decision cannot be reached within the five working days deadline, the applicant should be informed in writing of the reasons for the delay and the approximate date when a decision will be made.

8.2 Evidence of identity

Due to the sensitive nature of health records, evidence of identity will be required in all cases before access can be granted.

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- **If the access application is made by the patient** - they must provide acceptable evidence of their identity (to establish that they are the individual to whom the requested records relate).
- **If the access application is made by a third party** - they must provide the patients written consent as well as evidence of identity. (*Refer to section 8*)

The evidence of identity requirements employed for processing applications under the Freedom Of Information Act (FOI) also apply to applications made under this policy. It is the responsibility of the staff member processing the application to obtain appropriate evidence of the patients' identity before access is provided.

8.3 Delivery by post

In view of the confidential and often very sensitive nature of health records, the records are posted to the applicant or authorised third party by "Registered Post - Acknowledgment of Receipt" (Which is confirmed by the signature of any person at the delivery address).

Depending on the sensitivity of a record's contents and the applicant's wishes, It may be appropriate to use the "Registered Post - Person to Person" delivery option, where the item must be signed for by the person named in the address, and evidence of identity is required before the item to be delivered is handed over.

Copies of health records released are to be provided to the patient or a third party holding valid written authority from the patient, free of charge.

9. AMENDING HEALTH INFORMATION

While the FOI Act provides a formal mechanism for seeking correction of an individual's personal information, there are circumstances where a patient can amend health information administratively, where appropriate.

For example, personal data (e.g. incorrect date of birth, address details, etc) may simply be replaced with the correct data upon verification with the patient. However, except for such readily verifiable information, the contents of a patient's clinical record (e.g. progress notes) can only be amended by notation only.

10. FORMAL APPLICATION UNDER THE FOI ACT

Under Part 4 of the FOI Act, an individual who has had access to a record (whether administratively or under the FOI Act), has the right to apply for amendment of information in the record that relates to the individuals personal affairs (or the personal affairs of a deceased person to whom the individual is next of kin).

Amendment may be sought on the basis that information is "inaccurate, incomplete, out-of-date or misleading". The applicant must explain why they believe the information in question satisfies one or more of those requirements, and must specify the amendments they want made.

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11. REQUESTING ACCESS TO HEALTH RECORDS

Where possible, patients should be encouraged to apply personally for their health record. This will improve the therapeutic relationship between the patient and the treating health professional. However, a patient may give consent in writing for an ATSIChS staff member, who is acting on the patients behalf, to obtain access to the patient's health information.

(Refer to application form, Doc_225_ AuthorityObtainMedRecords_v16.doc)

12. ANONYMITY AND PSEUDONYMITY

Anonymity

12.1 Anonymity requires that an individual may deal with the ATSIChS Health Service without providing any personal information or identifiers. In this instance, the ATSIChS Health Service will not be able to identify the individual at the time of the visit or subsequently.

Pseudonymity

12.2 Pseudonymity requires that an individual may deal with the ATSIChS Health Service by using a name, term or descriptor that is different to the person's actual name. Examples include an email address that does not contain the person's actual name, or a user name that a person uses when participating in a survey.

12.3 ATSIChS clients have the option of not identifying themselves, or of using a pseudonym, when dealing with ATSIChS Health Service in relation to a particular matter, such as conducting a survey, or making a complaint. However there are limitations on the type of service the client can receive when exercising anonymity and pseudonymity, such as services that requires Medicare details. (E.g. Clinical consults medications, etc)

12.4 That principle does not apply in relation to a particular matter if:

the ATSIChS Health Service is required or authorised by or under an Australian law, or a court/tribunal order, to deal with individuals who have identified themselves

it is impracticable for the ATSIChS Health Service to deal with individuals who have not identified themselves or used a pseudonym

(This information is outlined in the New Client Personal Details Form Doc_142_New_Client_Form_V14)

13. MEDIA CONSENT – CLIENTS/PATIENTS/COMMUNITY

ATSIChS Mackay Ltd collects media consent from patients, clients, community members when producing photos, videos or other publication images. Consent must be in writing by an individual from the age of 18 or peoples under 18 need consent form parents, guardians and or carers.

Patient consent forms required for clinical interactions with any staff are required to be uploaded to the patient file in Communicare.

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Non – clinical interactions being recorded or community members who are not patients of the Health Service will be stored within the programs department involved.

RESPONSIBILITY FOR IMPLEMENTATION, COMPLIANCE MONITORING, MEASURING AND CONTINUAL IMPROVEMENT

- Executive Manager
- Finance and Administration Manager
- Senior Information Technology
- Quality and Safety Coordinator

Policy Management	Refer to 2020 - Document Register, Meeting
Approval Authority	Refer to 2020 - Document Register, Approving Officer
Review Date	Refer to 2020 - Document Register, Review Date
Review History	Refer to 2020 - Document details, systems event history

4. RELATED DOCUMENTS/LINKS

Doc_142_New_Client_Form_V14

Doc_077_Computer Administration

Doc_225_AuthorityObtainMedRecords_v16

Doc_472_Privacy Audit Tool

Doc_028_Privacy & Confidentiality: Information Security

<http://www.racgp.org.au/your-practice/standards/interpretiveguide4thedition/physical-factors/5-1/physical-conditions-conducive-to-confidentiality-and-privacy/>

<http://www.racgp.org.au/your-practice/standards/interpretiveguide4thedition/physical-factors/5-1/physical-conditions-conducive-to-confidentiality-and-privacy/>

<http://www.oaic.gov.au/privacy/privacy-resources/privacy-fact-sheets/other/privacy-fact-sheet-17-australian-privacy-principles>

5. REFERENCES

Health services Act 1991

Public Health Act 2005

Privacy Act 2009

Information Privacy Act 2009