

SECTION 1
PROCEDURE 1.6**PRIVACY POLICY**

1.6.1 Purpose To ensure that IOH abides by the Privacy Legislation and the National Privacy Principles, in the way it collects, uses and discloses personal information.

1.6.2 Scope All IOH employees, contractors and tenants

1.6.3 References [Privacy Act and other legislation](#)
[Health Records and Information Privacy Act 2002 \(NSW\)](#)

1.6.4 Definitions As per the definitions of the Act.

1.6.5 Procedure **PRIVACY POLICY:**

Collection, Use and Disclosure of Health Information.

This practice abides by the Privacy Legislation and the National Privacy Principles, in the way we handle personal information.

This includes the right of individuals to access their records.

Accordingly this practice will obtain consent for the collection of health information and for its appropriate use and disclosure.

This practice stores and handles health information to protect that information from misuse, loss or unauthorised access, modification or disclosure.

All IOH staff and contractors have been made aware of the legislation and its implications, and all these individuals have signed a confidentiality agreement.

Health Privacy Principles

The Health Records and Information Privacy Act 2002 (NSW) has 15 health privacy principles (HPP).[4] In summary, they are:

1. HPP 1 – 4: Collection: Health information must be collected for a lawful and necessary purpose directly related to the organisation's activities. The collection must be relevant and not unreasonably intrude in a person's affairs. Health information must be directly collected from the person unless it is unreasonable or impractical to do so. The reason for collection, its use, kinds of people who will view it, how to update the information and the consequences of not providing information must be made known to the individual.

2. HPP 5: Storage: Health information must be stored securely, not kept unnecessarily and disposed of appropriately. It should be protected from unauthorised access, use and disclosure.
3. HPP 6 – 9: Access and accuracy: Holders of health information must take steps to advise individuals about what is stored and why. The individual must be made aware of their rights to access it. The health information must be correct and accurate.
4. HPP 10 – 11: Use and disclosure: The organisation can only use or disclose information collected for the purpose or directly related to the purpose that the person expects. Otherwise consent is required.
5. HPP 12 – 13: Identifiers and anonymity: An identification number can be assigned if efficiency is required. The person is entitled to receive health services anonymously if lawful and practical.
6. HPP 14 – 15: Transferrals and linkage: Health information can be transferred outside NSW and consent is required to link health records across more than one organisation.

PRIVACY PROCEDURE

These procedures apply to the application of the 10 National Privacy Principles, the NPPA, as set out in the Privacy (Private Sector Amendment) Act in its form as part of the Privacy Act 1988

PURPOSE

- IOH is covered by the Privacy Act.
- IOH takes all reasonable steps to comply with the Act and protect the privacy of the personal information we hold. These procedures set out how we intend to do so.
- All staff must be trained with regard to confidentiality, and this will be an essential component of staff induction.
- All staff shall sign a confidentiality agreement.
- The "Privacy Manager" shall be the General Manager or appropriate nominee.

Information to which this procedure applies:

1. The information covered includes personal health information and personal sensitive information.
2. The Act does not apply to employee records.
3. If an employee attends IOH as a patient, that information is not part of the employee record.

CONSENT

- Written consent must be obtained to collect, use and disclose health information the legislation allows for verbal consent. Where such consent is obtained it **must** be recorded.
- This consent is distinct from consent for medical treatment.
- The consent must be adequately informed **ie. The patient must be advised of what is intended to be done with the information.**
- The consent relates to a particular situation.

The following information must be conveyed:

1. The organisations for which the information is being collected.
2. That the individual may obtain access.
3. To whom the information is usually disclosed.
4. Consequences (if any) if information is not provided, (eg. our inability then to provide proper care to that person).

Consent need not be obtained if:

1. Laws require collections eg. public health information
2. Serious or imminent threat to life and health.
3. Research relating to public health or safety.
4. Notification to Medical Defence organisation.

Separate consent will be required:

1. If IOH is approached by another for information about an individual.
This includes a request for information by a hospital.

STORING AND HANDLING INFORMATION:

- IOH staff and contractors will take all reasonable steps to protect individuals' health information from misuse, loss or unauthorised access, modification or disclosure.
- IOH has work instructions detailing how personal information is managed. These work instructions are made available to others on request.
- Personal records will be stored and transmitted in a secure manner.

MAINTAINING QUALITY HEALTH INFORMATION

- IOH takes all reasonable steps to ensure the information held is accurate, complete and up-to-date.
- IOH will take reasonable steps to correct that information if the individual shows that the information is not accurate. Such corrections must be separately written, dated and signed.

ACCESS TO MEDICAL RECORDS

- IOH will give individuals access to information it holds concerning the individual.
- Access may be provided in a number of ways:
 1. During a consultation.
 2. Inspection of a record.
 3. By provision of a copy of the record.
 4. Where possible the professional should discuss the contents of the record with the individual.

Requests for copy of record:

1. Original documents are **never** to be provided.
2. Will be in writing
3. Identity of the requestor must be confirmed.
4. The request will be acknowledged in writing
5. Total time will not exceed 30 days.
6. A minimum copying fee of **\$60.00** will be charged.
7. A fee to the individual will be charged where a consultation is provided for the exclusive purpose of providing health information.

This policy does not prevent the medical officer from supplying a patient with a single copy of test results, Workcover certificate etc (at no charge) as considered appropriate to the medical management of the particular case.

Refusal of Access

Information may be withheld in certain circumstances:

1. Patients involved in any form of legal claim (or commencing proceedings).
2. Where provision of the information will be detrimental to the individual.
3. Where intermediaries are used to access the information.

Issues for Administration Staff

1. The identity of the requestor must be confirmed by reviewing **photographic** documentation (e.g drivers licence)
2. ***If the person receiving the information is not the person on whom the information has been gathered, written approval identifying the pick up person must be received from owner of file.***
3. A written request for the information will be required
4. Approval of the caring professional must be obtained and the request referred to a Director, ***the General Manager (or nominee)*** for approval, before providing the document.

5. The staff member will check if a consultation with the professional is required.
6. The staff member will provide information about fees.
7. Documentation of the access process will be kept and stored in a file kept for this purpose
8. Every endeavour will be made to provide the information within 30 days.
9. ***For requests received over phone where the location of the requesting party makes attendance at IOH an issue proper identification and all other steps must still be followed. Evidence of Identity can be received by scanned or faxed documentation.***

AMENDMENTS TO HEALTH INFORMATION:

- The original information is never to be erased or deleted.
- IOH will take reasonable steps to correct that information if the individual shows that the information is not accurate. Such corrections must be separately written, dated and signed.

PRIVACY ACT REQUESTS

- All records of correspondence related to requests for copies of documents, through the Privacy Policy, are maintained in the "Privacy Policy Requests" file in the ***General Admin area.***

COMPLAINTS:

- All complaints will be treated seriously, promptly and confidentially.
- The privacy complaint will not affect the existing professional and commercial arrangement between IOH and the complainant.
- Any person who has provided us with personal information has the right to make a complaint.
- The complaint may relate to how personal information is collected, stored, used disclosed, and to how access is provided.

Complaint Process

1. Any person making a complaint is to be directed to the IOH Privacy Manager (***General Manager or nominee***)
2. A complaints register will be maintained.
3. Complaints may be made orally or in writing.
4. We aim to resolve the complaint within 28 days.

1.6.6 Documentation Policy and Procedure Statements issued to all staff and contractors
Standard forms and letters for clients requesting access to records

1.6.7 Records Staff and ***Contractors*** sign Privacy Agreement which is retained on individual files. Requests for access to records retained on file.
