

Privacy Policy

6.1.2 Practice Privacy Policy

Policy

National Privacy Principle 5 requires our practice to have a document that clearly sets out its policies on handling personal information, including health information.

This document, commonly called a privacy policy, outlines how we handle personal information collected (including health information) and how we protect the security of this information. It must be made available to anyone who asks for it and patients are made aware of this.

The collection statement informs patients about how their health information will be used including other organisations to which the practice usually discloses patient health information and any law that requires the particular information to be collected. Patient consent to the handling and sharing of patient health information should be provided at an early stage in the process of clinical care and patients should be made aware of the collection statement when giving consent to share health information.

In general, quality improvement or clinical audit activities for the purpose of seeking to improve the delivery of a particular treatment or service would be considered a directly related secondary purpose for information use or disclosure so we do not need to seek specific consent for this use of patients' health information, however we include information about quality improvement activities and clinical audits in the practice policy on managing health information. (Refer Section 8 Accreditation and Continuous Improvement)

Procedure

We inform our patients about our practice's policies regarding the collection and management of their personal health information via:

- a sign at reception
- brochure/s in the waiting area
- our patient information brochure
- new patient forms – 'Consent to share information'
- verbally if appropriate
- the practice website.

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The first principle is that all information provided to us that relates to a client is given to us in confidence and must be kept private.

All client information disclosed by or about clients will not be accessible to anyone other than the client and appropriate Awabakal service provider(s) without the client's express permission or under a legal imperative.

There is an obligation upon all persons to whom this policy applies to actively maintain confidentiality. In addition to the non-disclosure of client information, this means:

- a Contract of Confidentiality will be signed by all staff
- matters relating to clients will only be discussed with other workers who have a professional interest or a professional responsibility
- services are to be provided to clients in surroundings which ensure the privacy of communications
- access to the contents of a client's record is restricted to those with a direct professional responsibility
- Staff shall not disclose the personal information of clients to any unauthorised person
- Staff should not enter a consultation room during a consultation without knocking
- Staff, registrars and students cannot be present during a client consultation without the prior permission of the client.

Doctors, Aboriginal health workers, nurses and other staff will ensure that personal health information is disclosed to third parties only where consent of the client has been obtained or another exception applies.

This client is then also able to make decisions on the use and disclosure of his or her health information.

- Doctors, nurses and other health care workers should explain to clients the nature of any information about the client to be provided to other people, for example, in letters of referral to hospitals or specialists
- The client consents to the provision of this information by agreeing to take the letter to the hospital or specialist, or by agreeing for the Health Service to send it. This is implied consent
- Note: If the referral is to be sent electronically, there is NO implied consent, the health care worker must obtain the client's verbal consent to forward the referral
- The client may request and upon request, should be shown the contents of information to be disclosed to third parties, in circumstances consistent with the above guidelines.

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- Doctors and staff should disclose to third parties only that information which is required to fulfil the primary purpose needs of the client. These principles also apply to the personal information provided to a treating team (for example, a physiotherapist or consultant physician involved in a person's care)
- The principles apply where the information is transferred by other means, for example, via an intranet
- Staff should make a note in the client records at the time that consent is given
- Information disclosed to Medicare or other health insurers should be limited to the minimum required to obtain insurance rebates
- Information supplied in response to a court order should be limited to the scope of the documents requested.

Where appropriate and necessary (that is where it has been requested by a client), doctors should provide an opportunity for clients to limit access to their record and will note any requirements in red ink in the front of the paper record or in the 'alert' section of the computerised record (for example specifying the name of a staff member that the client does not want to access their personal health information).

From time to time General Practitioners will provide their medical defence organisation or insurer with information in order to meet their insurance obligations.

At times, case conferencing and shared care is used to optimise the holistic care of clients. The service encourages clients to participate in this extended care by consenting to disclosure to team members. In this context, 'team members' refers to team members whether internal or external to this health service. The same principle of consent applies to this as to other disclosures. The client's consent is to be obtained before health information is disclosed to third parties including employees of NSW Health. Consent may be verbal and is to be documented in the client's medical records in the same way as for other consents, however in these circumstances, written consent is preferred.

Informing new clients: Doctors and other clinicians are to discuss Awabakal Medical Service privacy policy at the first visit of a client or when it is clear that the client is continuing with the Health Service.

Clients are to be offered, in the content of the 'Privacy and Your Rights' brochure, access to the full information sheet.

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It is the responsibility of the receptionist to ensure that the 'Patient Rights and Responsibilities' document is available in the waiting room at all times and is kept with other health information and promotion brochures.

Pursuant to the National Privacy Principles, clients may access health services using an alias, as long as it is lawful and practical to do so. Some people may choose to use an alias for particular blood tests or pathology tests. This means that a person may use an alias if they choose to do so. If applicable, clients using an alias should be informed that the usual Medicare rebate may not be claimable and should this be the case, the client may be liable for payment equivalent to the claimable Medicare rebate.

- the range of people within the practice team (e.g. GPs, general practice nurses, general practice registrars and students and allied health professionals), who may have access to patient health records and the scope of that access
- the procedures for patients to gain access to their own health information on request
- the way the practice gains patient consent before disclosing their personal health information to third parties
- the process of providing health information to another medical practice should patients request that
- the use of patient health information for quality assurance, research and professional development
- the procedures for informing new patients about privacy arrangements
- the way the practice addresses complaints about privacy related matters
- the practice's policy for retaining patient health records.

Prior to a patient signing consent to the release of their health information patients are made aware they can request a full copy of our privacy policy and collection statement.

Patient consent for the transfer of health information to other providers or agencies is obtained on the first visit. A copy of our consent form is included below.

Once signed this form is scanned into the patient's record and its completion noted. Note: Consent for transfer of information differs from procedural consent.

All staff must sign a confidentiality agreement at the commencement of employment. It is a condition of employment with Awabakal Aboriginal Cooperative that all staff sign the Confidentiality Agreement at the commencement of employment.

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This Agreement will be provided to new employees, casual employees, students and volunteers and any other person who may have access to client information either directly or indirectly. The signed agreement must be submitted on the first day of employment. New employees will not be permitted access to confidential information until they have signed the Agreement.

An example of indirect access may be where an electrician has been engaged to perform maintenance work in the reception area, behind the desk where medical records are stored. The electrician may incidentally see a fax or a patient record. This person has therefore had indirect access to personal health information and is bound by the same laws and policies as other staff. It is important that a contractor such as the person described, sign a confidentiality agreement to protect the organisation and its clients. RACGP 4th edition standards 4.2.1.