

7. PRIVACY

Policy

It is the policy of this practice that all information collected by this practice is deemed to be private and confidential, respecting the right of every patient. This practice complies with federal and Queensland state/territory privacy regulations including the *Privacy Act 1988*, *Information Privacy Act 2009* and *Privacy Amendment (Enhancing Privacy Protection) Act 2012* as well as complying with the standards set out in the *RACGP Privacy and managing health information in general practice*.

Under no circumstances are members of the practice team to discuss or in any way reveal patient conditions or documentation to unauthorised staff, colleagues, other patients, family or friends, whether at the practice or outside it, such as in the home or at social occasions. This includes patient's accounts, referral letters or other clinical documentation.

General practitioners and other practice team members are aware of confidentiality requirements for all patient encounters and recognise that significant breaches of confidentiality may provide grounds for disciplinary action or dismissal.

In compliance with the *Privacy Amendment (Private Sector) Act 2000*, this practice has prepared this privacy policy to describe the way and circumstances under which personal information is collected, stored, used and disclosed and how complaints are handled by this practice.

The related policy and procedure have been developed in accordance with the Australian Privacy Principles, (APP), for easy reference. The policy is intended as a guide to staff and patients of this practice and for the advice of the broader community.

For the purposes of this policy, no distinction has been made between the handling of personal information and sensitive information (including health information); therefore, all information will be referred to as "*personal information*" throughout this policy.

The maintenance of privacy requires that any information regarding individual patients, including staff members who may be patients, may not be disclosed either verbally, in writing, in electronic form, by copying either at the practice or outside it, during or outside work hours, except for strictly authorised use within the patient care context at the practice or as legally directed.

There are no degrees of privacy. All patient information must be considered private and confidential, even that which is seen or heard and therefore is not to be disclosed to family, friends or others without the patient's approval or at the doctor's discretion. Any information given to unauthorised personnel will result in disciplinary action and possible dismissal.

Each staff member is bound by his/her confidentiality agreement, which is signed upon commencement of employment at this practice.

All information received during a consultation between a doctor and the patient is considered personal health information. This information includes medical information, family information, address, employment and other demographic and accounts data obtained via reception. Medical information can include past medical and social history, current health issues and future medical care. It includes the formal medical record whether written or electronic and information held or recorded on any other medium, for example letter, fax, or electronically.

Both clinical and non-clinical staff in this practice have a responsibility to maintain the privacy of personal health information and related financial information. The privacy of this information is every patient's right. Doctors are aware of the potential for breaches when:

- Discussing results and information
- Speaking too loudly to patients
- Discussing results with other doctors
- Discussing results especially with parents or carers of the young, elderly or impaired

All clinical staff are expected to comply with the Code of Ethics and/or Code of Conduct as determined by the relevant professional body.

7.1 Administration of Privacy Legislation

Policy

The practice manager is our privacy officer who implements and monitors adherence to all privacy legislation in this practice.

The privacy officer acts as liaison for all privacy issues and patient requests for access to their personal health information. If staff have any queries concerning privacy law, they are to refer to the privacy officer.

Procedure

The practice manager attends information and training sessions regarding Privacy Legislation laws and trains staff and implements new policy and procedures in the practice when deemed appropriate.

7.2 APP 1 – Collection

Policy

- This practice will only collect personal information necessary to provide our patients with a quality health service.
- Personal information about a patient will only be collected by lawful and fair means and directly from the patient wherever possible.
- If information is collected about a patient from another party, this practice, will whenever possible, advise the patient of this.
- Wherever practical this practice will only collect information directly from the patient. This may not be possible if the patient is unconscious or otherwise incapable of providing that information.
- We will ensure that each patient providing personal information is informed about and understands the purpose of collecting the information. They will also be advised as to whom or under what circumstances their personal information may be disclosed to another party and how they can access the information held about them by this practice. This will be carried out via notices and/or brochures and/or verbally.
- We will ensure that patients who are asked to provide personal information understand the consequences, if any, of providing incomplete or inaccurate information.

7.3 APP 2 – Use and Disclosure

Policy

- This practice will ensure that personal information will only be used for the purpose it was collected, or that would reasonably be expected by the patient providing the information.
- If the identified information is to be used for a secondary or unrelated purpose, such as data analysis or research, we will obtain informed consent from the patient.
 - > Individuals will be given the opportunity to refuse such use or disclosure.
 - > If a patient is physically or legally incapable of providing consent, a responsible person (as described under the Act) may do so.
- We will only disclose personal information without consent where such disclosure is required by law, or for law enforcement, or in the interests of the patient's or the public's health and safety.
 - > We will keep records of any such use and disclosure.

- Information may be disclosed to a responsible person (as described under the Act).

7.4 APP 3 – Data Quality

Policy

This practice will take reasonable steps to ensure that personal information kept, used or disclosed by the practice is accurate, complete, and as up to date as practicable.

Medical records are confidential legal documents. Doctors and staff have a responsibility to maintain the privacy of every medical record, which is each patient's right. As a key component for the continuing management of our patients, accurate and complete records are kept.

Each patient has an individual medical record incorporating a health summary, progress notes, referrals made, and responses received including pathology, x-ray; documentation of telephone calls, home visits, after hours communication and all hospital visits made.

Doctors, practice nurses, allied health practitioners and authorised students of this practice are responsible for documenting their own notations for care given to their patients. For each consultation the doctor notes the following details in the medical record:

- Reason for consultation
- Other problems managed
- Management plan
- Planned dates for review
- Medications prescribed with route, frequency, other directions for use and number of repeats
- Preventative care
- Referrals to other health care practitioners
- Consent issues

Appropriately filed pathology, x-ray and related referrals and results are in the medical record.

All entries are dated and initialled or signed. Information in the medical record is not prejudicial, derogatory nor irrelevant and is legible being able to be read by other health care practitioners for the ongoing management of the patient.

Referrals to other health care providers contain sufficient information for continuing health management with signature, designation and date. A copy remains in the medical record.

Patients who attend our practice on a regular basis have a health summary included in their medical record. The record also contains family and social history, past and active problems, allergies and sensitivities, medication, immunisation status and any risk factors present.

A note is recorded in the patient information sheet and a poster is in the waiting room recommending that patient's advice reception if their personal details need to be updated.

7.5 APP 4 – Data Security

Policy

- All personal information held by this practice will be:
 - > If in paper form, received and stored in a secure location.
 - > If in electronic form, protected from theft, loss or corruption.
 - > Accessible by authorised staff only on a "need to know" basis.
 - > Protected from viewing or access by unauthorised persons; and
 - > Not taken from this practice offices unless authorised and for a specified purpose.

- We will destroy or permanently de-identify personal information that is no longer required by this practice.

Procedure

The following guidelines are followed for maintaining security:

- Practice records are to be maintained, handled and stored in a manner which will prevent:
 - > Loss
 - > Breaches of confidentiality
 - > Unauthorised access
- Maintain Privacy/Confidentiality from others (eg. patients, public and staff) under all circumstances including patient:
 - > Address
 - > Telephone number
 - > Results
- Written/telephone requests – always follow the correct procedure.
- Ensure appropriate disposal of documents including patient files, accounts and business records.
- This practice maintains an accurate recording system to update and track files, especially changes of name or address. Correct disposal requirements must be observed.

7.6 APP 5 – Openness

Policy

- This Privacy Policy will be made available to any person requesting it, a hard copy is kept at reception.
- Our practice's privacy policy is available to view on our website.

7.7. APP 6 – Access and Correction

Policy

- Under normal circumstances this practice will provide a patient with access with the Doctor present to their personal information within 30 days of receiving a request for access.
- All requests are asked to be provided in writing with a completed and signed **IMC-F9-Request for Personal Information** form. Identification is also requested to ensure that a false application is not lodged.
- There will be no fee associated with lodging a request for access.
- Patients will be provided with an opportunity to discuss their personal information with the Doctor when access is sought, however a fee for the doctor's time will be charged.
- Provision of access to a patient's personal information will be undertaken in a timely manner that is appropriate to the person's particular circumstances, e.g., use of interpreters, etc.
- If a patient believes that information held by this practice is inaccurate or incomplete, we will take steps to amend or correct the information.
- This practice may refuse access if it reasonably believes that:
 - A person's health, safety or wellbeing may be compromised by releasing the information; or
 - Providing access would be unlawful or would prejudice a legal investigation.
 - Providing access would affect the privacy of others.
 - The information held in the patient's medical record would be used against the doctor in a medico-legal matter.

- Under circumstances other than those described above where information is withheld, this practice will ensure that its practices are consistent with the provisions of APP 6.

7.8 APP 7 – Identifiers

Except where circumstances allow, this practice will not use Medicare or Veterans Affairs numbers, or other identifiers assigned by a Commonwealth or State/Territory agency to identify personal information.

7.9 APP 8 – Anonymity

Policy

Where it is lawful and practicable to do so, this practice will allow patients to provide information anonymously.

- A patient who chooses to access the services of this practice anonymously will be advised of any potential consequences resulting from their decision. For example, where the lack of a contact name or address may jeopardise care in an emergency.
- We will not automatically preclude a patient from participating in the activities of this practice because they request anonymity.

7.10 APP 9 – Transborder Data Flows

Policy

This practice will only transfer personal information about a patient to someone who is in a foreign country if:

- The patient consents to the transfer; or
- The recipient is bound by legislation that is substantially like the APPs; or
- This practice is reasonably sure that the information will not be held, used or disclosed inconsistently with the APPs.

7.11 APP 10 – Sensitive Information

Policy

This practice will only collect sensitive information other than health information about a patient if:

- the patient consents; or
- the collection is required by law; or
- such collection is consistent with the provisions of APP 10.

7.12 Confidentiality

Policy

All staff are mindful of and respect the patient's right to confidentiality and privacy. Patient details are not openly stated over the telephone within audible range of other patients or visitors. This practice prides itself on the high calibre of customer service we provide, especially in the area of patient security, confidentiality, and right to privacy, dignity and respect.

It is the policy of this practice, that maintaining patient and staff confidentiality is a priority for all clinical and non-clinical staff. All collected personal health information is collected, stored, used and disclosed according to the National Privacy Principles, **refer to 6.6 APP 1 – 6.15 APP 10.**

Reception staff are familiar with all relevant legislation and practice policies and procedures regarding privacy and confidentiality. Staff will not disclose any patient or staff details, results, patient health records, billing information, Medicare details, appointment information etc.

Patient health records may only be shared or disclosed with written consent or verbal consent where the patient has been able to provide at least three patient identifiers to confirm identity.

If a person contacts the practice to see if their family member or friend is or has been at the practice, advise the caller that it is the policy of this practice that this information is not provided. If the caller pursues their query, advise them that a message will be left for the doctor and he or she will call them back as soon as convenient.

It is the doctor's responsibility to keep scripts, medications, medical records and related personal patient information secure, whilst they are not in attendance in their consulting room.

Procedure

All staff must follow the listed guidelines to minimise the risk of potential breaches of confidentiality.

- Waiting patient medical records are not left in an area accessible by the public
- Charts remain turned over at front desk when not in use
- Staff speak softly at front desk
- Only minimal personal information is discussed in a public area.
- Whenever a door to any office, consulting or treatment room is closed staff will knock and wait for a response prior to opening the door.
- Follow appropriate telephone procedures.
- Close treatment and consulting room doors
- Use privacy screens or curtains
- Computer screens must not be able to be seen or be accessible to the public including couriers and visitors
- Computer screens displaying a previous patient's data are closed before the next patient enters the consulting room
- Strict guidelines are followed when releasing confidential details (phone, hard copy and electronically), refer to this practice's **Privacy Policy, 6.6 APP 1 – 6.15 APP 10**.

Criterion 6.3 > A B C D

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