

## Privacy and Confidentiality

**Owner:** Health Records Management Officer      **Executive Sponsor:** CEO

**Section:** Corporate: Information Management

**Endorsing Committee:** People and Culture      **Contributing Committee:** MPS Management

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### Policy Statement

This policy aims to ensure that Orbost Regional Health staff maintain patient, client, employee, business and health service related information privacy and confidentiality at all times, and understand their obligations under the relevant laws.

This policy deals with collection, storage, use, disclosure and destruction of personal information within the Health Service.

All personal information collected, stored, used, released and destroyed by Orbost Regional Health complies with all Victorian legislation relating to privacy and confidentiality, including where relevant, the Health Service Act 1988 (Vic), the Health Records Act 2001 (Vic), the Mental Health Act 1986 (Vic), Public Health and Wellbeing Act 2008 (Vic) and the Freedom of Information Act 1982 (Vic).

Confidential patient information is only to be accessed and used by members of the healthcare team directly involved in the care and treatment of the patient. Even though staff have access to patient information, this does not automatically give them a right to view this information, unless they are caring for that patient or information is accessed solely for the purposes of performing their duties as detailed in their position description, Employment Contract or other authorised capacity.

#### Principle 1: Collection of Information

Orbost Regional Health collects patient, client and consumer information for the purposes of providing quality care and to fulfil administrative and statutory requirements. The means of collection will be fair, lawful and not intrusive. Wherever possible, staff will collect information directly from the consumer rather than from third parties.

If information is collected from a third party, all endeavours will be made to inform the consumer. Information will be provided to consumers advising them of why we are collecting information, any laws that require information to be collected, the organisations or types of organisations to whom we usually disclose the information and the consequences of not providing information.

The purpose of the collection will be disclosed to the consumer and they will be informed of how to access their information (*refer to Freedom of Information Procedure*).

#### Principle 2: Use & Disclosure

Orbost Regional Health shall only use or disclose personal information where the use or disclosure of the information is for the purpose of providing care and treatment to consumers and for purposes directly related to providing such care and treatment; and for quality and safety purposes.

Staff may disclose health information to other health care providers for the purpose of providing further treatment and care for patients. Orbost Regional Health may also use or disclose information for other purposes permitted under the privacy laws, for example court orders and legislative requirements such as cancer registration and infectious disease notification.

Aside from where the law specifically allows, staff will not use or disclose information for purposes, which are unrelated to the treatment or care of patients, without the consent of a consumer.

There are provisions in place to enhance the quality and safety of the Victorian health system, to enable health service entities to disclose confidential information for quality and safety purposes to a quality and safety body. A quality and safety body, such as Safer Care Victoria and The Victorian Agency for Health Information. Orbost Regional Health will not collect, use or disclose confidential information except to the extent necessary to achieve that purpose.

### **Principle 3: Data Quality**

Orbost Regional Health will endeavour to make sure that the information held is accurate, complete and up to date. Staff are required to update and confirm patient details on each contact at any department within the Health Service.

Orbost Regional Health staff will ensure that all identifiable, personal/health information is stored in a secure, password protected or key access locked location as per Health Records Act 2001.

All staff are bound by a strict code of conduct with respect to maintaining the confidentiality of your information.

File backup is performed on a regular, routine basis and stored as the master file.

Files must specify the period for which it is to be retained.

Any identifiable information that does not form part of the medical or confidential record is to be shredded and/or deleted from the computer system on completion of use.

### **Principle 4: Data Security and Data Retention**

Personal information kept in electronic and hard copy is controlled, monitored and restricted to relevant staff and authorised external users only. Security safeguards are in place to ensure information is protected against loss, unauthorised access or misuse. Health information must be retained for the minimum periods proclaimed in the Public Records Act.

All documents containing personal information must be destroyed in a secure and confidential manner. Outside service contractors are required as part of their contract conditions to abide by Orbost Regional Health Privacy and Confidentiality policy. All outside contractors must demonstrate they comply with both State and Commonwealth Privacy Laws.

### **Principle 5: Openness**

Orbost Regional Health sets out clear guidelines on the management of health information as identified in the Freedom of Information Procedures Manual which includes how consumers can access their health records. A Freedom of Information brochure is also available to consumers which provide them with information relating to frequently asked questions.

### **Principle 6: Access and Correction**

Patients seeking access to, or correction of, their health information must do so in writing under the Freedom of Information Act 1982. All requests for information and/or corrections must be addressed to the Freedom of Information Officer within Orbost Regional Health and will be processed in accordance with the Freedom of Information Act 1982. *(For more information on Freedom of Information refer to the Freedom of Information Procedure)*

**Principle 7: Identifiers**

The Health Service will only assign identifiers to consumers if the assignment of identifiers is reasonably necessary to enable the Health Service to carry out any of its functions efficiently.

**Principle 8: Anonymity**

Where it is lawful and practicable, consumers, clients and patients have the option of not identifying themselves when accessing services within the Health Service.

**Principle 9: Transborder Data Flows**

When required to transfer health information to organisations outside of Victoria from the provision of care and treatment this will only be done when consent has been obtained, and the receiving organisation is subject to binding privacy obligations similar to the ones which Orbost Regional Health is obligated.

**Principle 10: Transfer or Closure of the Practice of a Health Service Provider**

If Orbost Regional Health was to be closed down the Health Service would take all steps possible to notify the individuals whom received organisational services;

- i. That the Health Service has been, or is about to be closed down, as the case may be; and
- ii. The manner in which the Health Service proposes to deal with the health information held by the organisation about individuals who have received services, including whether the provider proposes to retain the information or make it available for transfer to those individuals or their health service providers

The person who elects to retain the health information must continue to hold it or transfer it to a competent Health Service for safe storage in Victoria, until the time, if any, when the health information is destroyed in accordance with Health Privacy Principles 4.

**Principle 11: Making Information available to another Health Service Provider**

Orbost Regional Health will provide information to another Health Service Provider providing a copy or written summary of the health information required. On request the other Health Service Provider must provide documentation of what it is they require.



**Staff this document applies to**

- All Orbost Regional Health employees



**Purpose**

This policy is to ensure the privacy and confidentiality of all patient, client, employee, business and health service related information is maintained at all times in accordance with the Health Privacy Principles (HPP).



## Roles and Responsibilities

Organisational Role	Responsibility
Board of Directors	<ul style="list-style-type: none"> <li>Maintain oversight of Orbest Regional Health's approach and practice around the privacy and confidentiality.</li> </ul>
Executive Directors	<ul style="list-style-type: none"> <li>Regularly review policies and processes that provide guidance to employees on ORH expectations around privacy and confidentiality.</li> <li>Encourage awareness and compliance with ORH policies and processes for privacy and confidentiality</li> <li>Reinforce and role model to ORH employees the importance of privacy and confidentiality.</li> </ul>
Senior Managers	<ul style="list-style-type: none"> <li>Maintain knowledge of and capability to explain to staff ORH policies and processes for privacy and confidentiality.</li> <li>Monitor staff compliance with ORH policies and processes for privacy and confidentiality</li> <li>Encourage staff awareness of ORH policies and processes for privacy and confidentiality.</li> </ul>
Staff, volunteers and contractors	<ul style="list-style-type: none"> <li>Maintain awareness and comply with ORH policies and processes for privacy and confidentiality.</li> </ul>
Consumers	<ul style="list-style-type: none"> <li>Support ORH staff to comply with ORH policies and processes for privacy and confidentiality.</li> </ul>

## Aligned Policies/ Documents

- [Information - Records Management Policy](#)
- [Freedom of Information Procedure](#)
- [Freedom of Information Procedures Manual](#)

## Accreditation standards

Standard	Action Description
NSQHS V.2 Std #1.16	<p>The health service organisation has healthcare record systems that:</p> <ol style="list-style-type: none"> <li>Make the healthcare record available to clinicians at the point of care</li> <li>Support the workforce to maintain accurate and complete healthcare records</li> <li>Comply with security and privacy regulations</li> <li>Support systematic audit of clinical information</li> <li>Integrate multiple information systems, where they are used</li> </ol>
NDIS Std #1.3	Each participant accesses supports that respect and protect their dignity and right to privacy.

## Evidence of Compliance

- No failures of privacy protection
- All possible infringements fully investigated and resolved

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## Definitions

### Quality and Safety Purposes:

- Collecting and analysing information relating to the quality and safety of health service entities
- Monitoring and review of the quality and safety of health service entities and associated risks
- Reporting to the Secretary of the Department of Health and Human Services (Secretary) or to a quality and safety body in relation to the performance of a health service entity or risk to an individual or the community associated with the performance of a health service entity
- Incident reporting and performance reporting in relation to health service entities
- Incident response, including case review, in relation to health service entities

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## References / legislation / Supporting Documents

1. Northern Health
2. Health Records Act 2001
3. Health Services Act 1988
4. Information Privacy Act 2000
5. Mental Health Act 1986
6. National Health Act 1953 (Cth)
7. National Health Regulations 1954 (Cth)
8. NDIS Practice Standards and Quality Indicators July 2018
9. Health Legislation and Repeal Act 2019 No. 34 (Vic)
10. Health Services (Quality and Safety) Regulations 2020 No. 77 (Vic)

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## Author / Contributors

NAME	POSITION	DATE
Susie Wait	Health Records Management Officer	14 January 2020 13/10/20 Amended
Vicki Farthing	Chief Executive Officer	15 January 2020

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## Committee Approval / Endorsement

NAME OF COMMITTEE	DATE OF ENDORSEMENT
MPS Management	4 March 2020
People & Culture	22 April 2020

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