

## PRIVACY INFORMATION FOR STAFF

### Health Service Obligations

Staff are required to comply with the *Health Records and Information Privacy (HRIP) Act 2002* to protect the privacy of health information in NSW. Staff are also required to comply with the *Privacy and Personal Information Protection (PPIP) Act 1998* which covers all other personal information, such as employee records.

NSW Health is committed to safeguarding the privacy of patient and employee information and has implemented measures to comply with these legal obligations.

Guidance for staff on the HRIP Act is provided in the ***NSW Health Privacy Manual***. Guidance on the PPIP Act is provided in the ***NSW Health Privacy Management Plan***. This leaflet is a summary of the requirement of these Acts and policies, with a focus on the protection of health information.

Staff are also bound by a strict code of conduct to maintain confidentiality of all personal and health information which they access in the course of their duties.

**Staff may only access patient/employee personal or health information where this is required in the course of their employment.**

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### Introduction

This brochure is to assist staff understand and comply with the legislative obligations under the HRIP Act. In summary:

- There are 15 Health Privacy Principles and staff must comply with all principles.
- The key principles are described in this brochure.
- Specialised services, including but not limited to, cancer services, palliative care and mental health, may have additional or different patient expectations or needs to address regarding information sharing.
- Personal health information and carer's information is released for statutory reporting to State and Commonwealth government agencies, for example, Medicare details, births and deaths, and notifiable diseases such as cancer and infectious diseases.

### What is health information?

Health information is personal and clinical information relating to an individual. Typically this is all the information contained in a patient's health record. Health information includes the patient's personal details such as name, address, contact details, date of birth and so on, as well as all of their clinical information including:

- A patient's physical or mental health or a disability.
- A patient's express wishes about the provision of health services to him or her.
- Information relating to the donation of human tissue.
- Genetic information that may be predictive of the health of the patient, relatives or descendants.

If health information is stripped of information which can identify an individual, or from which a person's identity can reasonably be ascertained, then it is considered to be 'de-identified' information. Privacy laws do not apply to de-identified information.

**Ref: *Privacy Manual, Section 5.3***

## Privacy Complaints

If you receive a privacy complaint you must advise your Manager, the Patient Liaison Officer or the Medical Record or Clinical Information Manager of your facility. You must also notify the Privacy Contact Officer for your health service as soon as possible. **It is important to deal with all complaints promptly.**

A privacy complaint is an objection to the way a person's health or personal information has been handled, for example, a person may complain that the health service has inappropriately disclosed their information. Privacy legislation requires that, in most cases, a process of Internal Review be undertaken to investigate the privacy complaint.

**Ref. Privacy Internal Review Guidelines**

## Use and Disclosure

Health information may be used or disclosed by authorised staff for the primary purpose of providing treatment and ongoing care. In addition, it may be used or disclosed for the purposes such as management, training or research activities, for investigation and law enforcement, or where there are serious and imminent threats to individuals and the public, sending a reminder to attend an appointment and in ways that would be reasonably expected for care and well being.

It is not necessary to obtain patient consent to disclose health information to other clinicians involved in treatment of the patient. Staff have an obligation to ensure the patient understands that this disclosure will occur to enable continuous ongoing care. This may include, for example, the transfer of information to a GP, to another hospital, or health service or health professional involved in the patient's care.

Personal health information may also be used or disclosed for the other related purposes, for example:

- For statutory reporting to State and Commonwealth government agencies, for example reporting Medicare details, notifiable diseases, births and deaths Department of Human Services.
- To comply with a subpoena, summons or search warrant
- For purposes related to the operation of the NSW Health service, for example funding, planning and to conduct safety and quality improvement initiatives.
- In accordance with the statutory guidelines issued under privacy law, for research purposes approved by a AHS Human Research Ethics Committee; for staff and student training purposes; or for planning, financial or management purposes.
- To contact patients regarding patient/client satisfaction surveys that assist evaluate and improve services.
- To other health services and authorised parties to help prevent a serious and imminent threat to someone's life, health or welfare, or in an emergency.
- Hospital Chaplains may use relevant patient information to provide spiritual and pastoral care to patients with a nominated religion. Should patients wish their religion to be withheld from the chaplaincy service they must advise clinical staff or patient administrative staff.
- To investigate and report a complaint. This includes but is not restricted to complaints about patient care, staff conduct, incidents, patient safety, the health service.
- To manage a legal action or claim brought by the patient against the health service.

**Ref. Privacy Manual, Section 11**

## Consent

Staff must always obtain consent when it is required, for example, when used for media or fundraising purposes, or for disclosure to a third party who is not involved in the patient's care. If you are not sure when consent is required check with your Manager or contact your Medical Record or Clinical Information Department or your local Privacy Contact Officer. Consent for disclosure of personal health information can be provided either in writing and placed on the patient's file or verbally. If provided verbally, this must be clearly documented in the patient file.

**Ref. Privacy Manual, Sections 5.4 and 11.2.2**

## Collection of Health Information

Health Information must be collected directly from the patient unless unreasonable or impracticable to do so. The information collected must be relevant, up to date and accurate. Reasonable steps must be taken to inform the patient about how the information may be used and who may access it and to whom it will be disclosed.

**It is important to inform patients who are being treated by a number of multidisciplinary teams that their health information may be shared between different specialities or clinical services.** Particular care should be taken if information is to be shared between agencies as patient consent may be required.

The **Privacy Leaflet for Patients** must be made available to all patients. It explains when and how patient information may be used and disclosed. **Ref: Privacy Manual, Section 7 and Appendix 5**

## Storage and Security

Health information must be stored securely and disposed of appropriately at all times (secure bins or shredding). It should never be put into unlocked bins. It should be protected from unauthorised access, use or disclosure. Medical records and computer screens should not be accessible to unauthorised people.

**Ref. Privacy Manual, Section 9**

## Access, Amendment and Accuracy

Patients or their authorised representative can apply for access to their medical records (including images). Applications for access or copies of records should be in writing. Some departments may have a procedure in place where sensitive or complex reports or records are accessed with a doctor in the first instance. Staff should check whether this is necessary before granting access. Patients are entitled to request amendment (not deletion) of their health information to ensure it is accurate, up to date and not misleading.

In addition, to correct clinical information, patient information such as name, address, contact person and current GP name must be correct for each encounter.

**Ref. Privacy Manual, Sections 10 (Accuracy) and 12 (Access and Amendment)**

## Important Points

- All personal information and health information is confidential.
- Health facilities have an audit capacity in the electronic Medical Record (eMR) and other systems to investigate staff access to patient records. **Staff must only access patient records where this is required for direct patient care delivery or is required in the course of their employment.**
- Staff should ensure patient privacy is not breached if discussing patient cases and care in public areas, for example; cafeterias, lifts and corridors.
- Printers and faxes should be located in secure staff areas. Patient information should not accumulate around these.
- Staff should not disclose patient information without delegated authority, authorisation from a manager or without patient consent.
- Fees and charges may be raised for provision of copies of medical records.
- Database managers and custodians must ensure compliance with all privacy principles. Records containing information pertaining to Adoption, Organ/Tissue Donor, Child Protection, Sexual Assault, Genetic Information, Drug & Alcohol and sexual health have additional restrictions on use and disclosure. **Ref: Privacy Manual Section 15.9.**
- Staff can confirm the identity and address of a patient with police. Staff should obtain the police officer's name, badge number and phone number before releasing patient information. Police requests should be in writing with patient consent where possible. **Ref: Privacy Manual Section 11.2.7.**

**Further information available at:** <http://www0.health.nsw.gov.au/utilities/privacy/resources.asp>

*NSW Health Privacy Manual*

*NSW Internal Review Guidelines*

*NSW Privacy Management Plan*