



Privacy Policy for Highclere Family Medical Practice

This privacy policy outlines the management of patient health information to comply with the Australian Privacy Principles (APP) and the Federal Privacy Act 1988. It is based on *The Handbook for the Management of Health Information in Private Medical Practice (2002)* and is produced by The Royal Australian College of General Practitioners. The policy includes:

- the practice's contact details
- what information is collected and why
- how the practice maintains the security of information held at this practice
- the range of people within the practice team 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.

The practice's contact details

Highclere Family Medical Practice may be contacted via:

Telephone: 9247 1522

Fax: 9247 1529

Post: Suite 1/52 Highclere Boulevard, Marangaroo WA 6064

Email: baljinder@westnet.com.au

What information is collected and why

Your **Personal Health Information and your Medical Record** may be collected, used and disclosed for the following reasons:

- For communicating relevant information with other treating doctors, specialists or allied health professionals
- For follow up reminder / recall notices



- For National/State or territory registers (eg. Immunisation data)
- For State/Territory reminder systems, (eg cervical screening - pap smears reminders or familiar cancer registries).
- Accounting / Medicare / Health Insurance procedures
- Quality Assurance activities such as accreditation
- For disease notification as required by law (e.g. infectious diseases)
- For use by all doctors in this group practice when consulting with you
- For legal related disclosure as required by a court of law (e.g. subpoena, court order, suspected child abuse)
- For research purposes (de-identified, meaning you are not able to be identified from the information given)

How the practice maintains the security of information held at this practice

- all practice staff including medical students sign a confidentiality agreement and have a responsibility to maintain privacy of **Personal Health Information**.
- practice computers and servers comply with the RACGP (Royal Australian College of General Practitioners) computer security checklist including personal passwords, firewalls, antivirus software protection and screensavers.
- electronic information is transmitted over the public network in an encrypted format using secure messaging software
- to maintain security of **Personal Health Information** we use 3 patient identifiers, name, and date of birth, address or gender to ascertain we have the correct patient record before entering or actioning anything from that record.
- Whenever sensitive documentation is discarded the practice uses an appropriate method of destruction by shredding or computer drive and memory sticks etc are reformatted.
- confidential information sent by fax have a disclaimer to ensure that if a person is not the intended recipient then any use, disclosure or copying of the document(s) is unauthorised.



- patient privacy and security of information is maximised during consultations by closing consulting room doors. All Examination couches, including those in the treatment room, have curtains or privacy screens.
- when, consulting, treatment room or administration office doors are closed prior to entering staff should either knock and wait for a response or alternatively contact the relevant person by internal phone or email.
- 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, staff or others without the patient's approval.

The range of people within the practice team who may have access to patient health records and the scope of that access

- At this practice GPs, practice nurses, Practice Manager and medical students may have access to patient health records. Computerised patient information is strictly controlled with passwords and personal logins, automatic screen savers and computer terminals are logged off when the computer is left unattended for a significant period of time.
- Administration staff have limited access to **Personal Health Information** in line with their duties

The procedures for patients to gain access to their own health information on request

- Patients at this practice have the right to access their personal health information (medical record) under legislation of the Commonwealth Privacy Amendment (Private Sector) Act 2000 and the National and Health Privacy Principles.
- Release of information is an issue between the patient and the doctor. Information will only be released according to privacy laws and at doctor's discretion. Requested records are reviewed by the medical practitioner prior to their release and written authorisation is obtained.
- When our patients request access to their medical record and related personal information held at this practice, we document each request and endeavour to assist patients in granting access where possible and according to the privacy legislation.



- A Request for Personal Health Information form is completed to ensure correct processing
- An administrative charge may be applied, at the GPs discretion and in consultation with the Privacy Officer, e.g. for photocopying record, X-rays and for staff time involved in processing request.

The way the practice gains patient consent before disclosing their personal health information to third parties

- We only transfer or release patient information to a third party once the consent to share information has been signed and in specific cases informed patient consent has may be sought.
- As a rule no patient information is to be released to a third Party unless the request is made in writing and provides evidence of a signed authority to release the requested information, to either the patient directly or a third party.
- Requested records are to be reviewed by the treating medical practitioner or principal doctor prior to their release to a third party.
- The practice retains a record of all requests for access to medical information including transfers to other medical practitioners.
- The New patient information sheet also includes a privacy information and consent form for the transfer of health information to other providers (eg specialists, hospitals, pathology) or agencies. Consent for this form is obtained on the first visit and a copy retained in the patient medical record.
- Police and solicitors must obtain a case specific signed patient consent (or subpoena, court order or search warrant) for release of information. The request is directed to the doctor.
- Practice accreditation is a recognised peer review process and the reviewing of medical records for accreditation purposes has been deemed as a "secondary purpose" by the Office of the Federal Privacy Commissioner. As a consequence patients are not required to provide consent.
- Accounts do not contain any clinical information. Invoices and statements are reviewed prior to forwarding to third parties such as insurance companies or debt collection agencies.



The process of providing health information to another medical practice should patients request that

- In accordance with state and federal privacy regulations, a request to transfer medical records must be signed by the patient giving us authority to transfer their records.
- If there is going to be any expenses related to the transfer the requesting clinic is advised prior to sending the medical records and once the fee has been paid we process the request as soon as possible.
- The patients' signed request letter/form and a notation that the patient has transferred is made on the medical record. Include the name and address of the new Practice and the dispatch details (e.g. via fax).
- All reasonable steps are taken to protect the health information from loss and unauthorised disclosure during the transfer.
- The request form should contain:
 - the name of the receiving practitioner or practice
 - the name, address (both current and former if applicable) and date of birth of the patient whose record is required
 - the reason for the request.

The use of patient health information for quality assurance, research and professional development

- Where the practice seeks to participate in human research activities and/or continuous quality improvement (CQI) activities, patient anonymity will be protected. The practice will also seek and retain a copy of patient consent to any specific data collection for research purposes.
- Practice accreditation is a recognised peer review process and the reviewing of medical records for accreditation purposes has been deemed as a "secondary purpose" by the Office of the Federal Privacy Commissioner. As a consequence patients are not required to provide consent.



The procedures for informing new patients about privacy arrangements

- Patients are provided with information about our practice privacy when they first attend. The New patient information sheet also includes a privacy information and consent form for the transfer of health information to other providers (eg specialists, hospitals, pathology) or agencies. Consent for this form is obtained on the first visit and a copy retained in the patient medical record.
- Signage in the reception area
- Practice information sheet
- Patients will be offered access to the Privacy Policy
- Patient feedback forms

The way the practice addresses complaints about privacy related matters

- Complaints about privacy related matters can be provided either verbally to staff, in writing (letter) or via our suggestion box. The practice uses its policy as with other complaints to resolve the issue.
- If the matter cannot be resolved the patient is advised how to contact the Health and Disability Services Complaints Office (HaDSCO).

The practice's policy for retaining patient health records

- At this practice all individual medical records are retained until the patient has reached the age of 25 or for a minimum of seven years from the time of last service.