

## PRIVACY POLICY FOR

# HUMANEED



Address: 5 Delbridge Street, North Fitzroy. Victoria. 3068

### **PRACTICE POLICY FOR THE MANAGEMENT OF HEALTH INFORMATION**

#### **Nature and scope of this practice policy**

This policy primarily addresses the management of 'personal health information' in the service.

The policy covers the following areas:

1. [Privacy](#)
2. [Informing new clients](#)
3. [Client access to their personal health information](#)
4. [Alteration of client records](#)
5. [Access allowed to personal health information by our staff for the purposes of research, professional development and quality assurance/improvement](#)
6. [Confidentiality agreements](#)
7. [Disclosure to third parties](#)
8. [Requests for personal health information and health records by other health services](#)
9. [Security](#)
10. [Complaints about privacy related matters](#)
11. [Retention of health records](#)
12. [Staff training](#)

This policy:

- is based on The *Handbook for the Management of Health Information in Private Medical Practice* published in November 2002;
- is consistent with the National Privacy Principles for the Fair Handling of Personal Information in the Federal Privacy Act 1988 as amended; and
- Takes into account legislation pertaining to privacy in the ACT, NSW and Victoria.
- While the policy focuses on the management of the client's health record, it also relates to other recorded information, for example Medicare data, billing and accounting records, pathology and radiology results, medical certificates and letters to and from hospitals and other doctors.

## 1. Privacy

**Personal health information** is defined as information concerning a client's health, medical history, past or current medical care; which is in a form that enables or could enable the client to be identified. It includes information about an individual's express wishes concerning current and future health services.

All Counsellors and staff will ensure that clients can discuss issues relating to their health, and that the Counsellors can record relevant personal health information, in a setting that provides visual privacy and protects against any conversation being overheard by a third party.

Staff will not enter a consultation room during a consultation without knocking or otherwise communicating with the Counsellor.

Staff, trainees and students will not be present during the consultation without the prior permission of the client.

## 2. Informing new clients

Staff and Counsellors will discuss the privacy policy with clients who are new to the service at their first visit or by phone when it is clear that the client is continuing with the service.

New clients will be given or posted the service's leaflet about personal information, privacy and their Counsellors, and will be offered access to our information policy.

This service tries to make sure that the information on privacy available to clients is appropriate for the range of people who come here. Feedback about the information is welcome. A full copy of our policy is posted on our website; [www.humaneed.com.au](http://www.humaneed.com.au).

Humaneed staff and Counsellors will ensure that current leaflets about the practice's approach to personal privacy are available in consulting rooms, and at practice reception. Clients may request to receive a leaflet by post at anytime.

Information provided to clients, both by Counsellors and staff verbally, and in writing through leaflets will advise that, for the purpose of client care and teaching, this service normally allows access to client records by:

- Counsellors, and
- Staff (for administration purposes only)

The Counsellors will provide the client with opportunity to limit access to their record and will note any requirements in red ink in the front of the record or as an 'alert' on the computerised record.

Counsellors will make a contemporaneous note in the client's record outlining the client's consent to the collection and use of information that is particularly sensitive.

The practice will inform the client through practice leaflets the option of not being identified when a health service is accessed, as long as it is lawful and practical to do so. Clients will be encouraged to use a consistent alias or code to enable records to be kept for continuity of care. Clients will be made aware that normal fee arrangements will apply, and a Medicare and Health rebates may not be able to be claimed.

All staff, including its Counsellors will endeavour to ensure that continuing clients of the service are informed about the impact of changes to privacy legislation, by bringing relevant materials to the attention of continuing clients.

### **3. Client access to their personal health information**

Under privacy legislation provisions all clients have the right to access their health information stored at the practice. The treating Counsellors will provide an up to date and accurate summary of their health information on request or whenever appropriate.

The treating Counsellors will consider all requests made by a client for access to their health records. In doing so the Counsellors will need to consider the risk of any physical or mental harm resulting from the disclosure of health information.

If the Counsellor is satisfied that the client may safely obtain the record then he/she will either show the client the record, or arrange for provision of a photocopy, and explain the contents to the client.

Any information that is provided by others (such as information provided by a referring to another Counsellor or medical specialist) is part of the health record and can be accessed by the client.

Appropriate administration costs may be charged to the client.

This practice will respond to a client's request for access within 7 days of receiving payment of the fee for access, or within 45 days of the request, whichever is the later.

[THIS IS A VICTORIAN REGULATORY REQUIREMENT]

### **4. Alteration of client records**

This practice will alter personal health information at the request of the client when the request for alteration is straightforward (e.g. amending an address or telephone number).

With most requests to alter or correct information, the Staff or Counsellor will annotate the client's record to indicate the nature of the request and whether the Counsellor agrees with it. For legal reasons, the Staff or Counsellor will not alter or erase the original entry.

## **5. Access allowed to personal health information by our staff for the purposes of research, professional development and quality assurance/improvement.**

New clients will also be informed that the service undertakes research, professional development, and quality assurance/improvement (QA) activities from time to time, to improve individual and community health care and practice management.

Clients will be advised of the ways in which we undertake 'recall' and 'follow-up' activities, e.g. when we would write to a client or phone them.

When a client agrees to participate in a recall or reminder system, the staff and/or Counsellor will make a note of this in their record.

Should this practice decide to stop a recall or reminder system, it will write to each person on the system at their last known address, and advise them that the system will be ceasing.

Clients will be informed when quality improvement, professional development and research activities are being conducted and given the opportunity to 'opt out' of any involvement in these activities. The Counsellors and Staff responsible for the activity will ensure that appropriate information is available to clients from the reception staff.

When research projects are conducted within the service, staff will be made aware of the requirements to obtain consent specified in the research protocol and ensure that consent is properly obtained.

Where possible any identifying information will be removed from the personal health information being used for research and QA activities. Where this is not possible, internal staff accessing personal health information will be aware that they are under an obligation of confidentiality not to disclose the information. Breaches of that obligation may result in instant dismissal. The Counsellors and Staff from the service who are responsible will ensure that any external researchers are also under an explicit written obligation of confidentiality with appropriate penalties for disclosure.

## **6. Confidentiality agreements**

In order to protect personal privacy, this practice has staff and Counsellors, Trainees including temporary or casual staff; sub-contractors (e.g. software providers etc) and students sign a confidentiality agreement.

## 7. Disclosure to third parties

Counsellors and staff will ensure that personal health information is disclosed to third parties only where consent of the client has been obtained. Exceptions to this rule occur when the disclosure is necessary to manage a serious and imminent threat to the client's health or welfare, or is required by law.

The Counsellors will refer to relevant legislation and the maturity of the client before deciding whether the client (in this case a minor) can make decisions about the use and disclosure of information independently (i.e. without the consent of a parent or guardian). For example, for the client to consent to treatment, the Counsellors must be satisfied that the client (a minor) is aware and able to understand the nature, consequences and risks of the proposed treatment. This client is then also able to make decisions on the use and disclosure of his or her health information.

Counsellors will explain the nature of any information about the client to be provided to other people, for example, in letters of referral to specialists. The client consents to the provision of this information by agreeing to take the letter to the specialist, or by agreeing for the practice to send it.

*NOTE: Increasingly there is an expectation by clients that they will see and be advised of the contents of referral letters. They are able to access such letters in their records.*

Counsellors and staff will disclose to third parties only that information which is required to fulfil the needs of the client.

These principles apply to the personal information provided to a treating team (for example, a physiotherapist or consultant physician also involved in a person's care). The principles also apply where the information is transferred by other means, for example, via an intranet.

Information classified by a client as restricted will not be disclosed to third parties without the explicit consent of the client. Counsellors will make a contemporaneous note when such permission is given.

Information disclosed to Medicare or other health insurers will be limited to the minimum required to obtain insurance rebates.

Should an outstanding debt be referred to a collection agency, this service will provide only the contact details of the debtor and the amount of the debt. No other personal information will be provided.

Information supplied in response to a court order will be limited to the matter under consideration by the court.

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

## **8. Requests for personal health information and health records by other services**

Access to accurate and up to date information about a client by new treating Counsellors is integral to the Counsellors providing high quality health care, if the client is referred to another Counsellor for example.

If a client transfers away from this service to another Counsellor, and the client requests that the medical record be transferred, the existing Counsellor will provide the record, a summary, or a photocopy to the new treating Counsellor or to the client. The Counsellor will retain original documents and records.

This service will seek written permission from the client for the provision of personal health information to another practice.

## **9. Security**

Counsellors, staff, trainees and contractors will protect personal health information against unauthorised access, modification or disclosure and misuse and loss while it is being stored or actively used for continued management of the client's health care.

Staff will ensure that clients, visitors and other health care providers to the practice do not have unauthorised access to the medical record storage area or computers.

Staff and Counsellors will ensure that records, test results, and any other papers or electronic devices containing personal health information are not left where they may be accessed by unauthorised persons.

Non clinical staff will limit their access to personal health information to the minimum necessary for the performance of their duties.

Fax, e-mail and telephone messages will be treated with security equal to that applying to medical records on paper.

Computer screens will be positioned to prevent unauthorised viewing of personal health information. Through the use of, for example, password-protected screen-savers, staff and Counsellors will ensure that computers left unattended cannot be accessed by unauthorised persons.

Counsellors will ensure that personal health information held by them is secured against loss or alteration of data. This includes adherence to national encryption protocols.

Client records will be held exclusively by the Practising Counsellor and will not be removed from the secure storage, except when required for client care purposes. The responsible clinician will ensure that records are securely stored.

Manual health and session records and other papers containing personal health information will be filed promptly after each client contact.

Staff and Counsellors will ensure that manual and electronic records, computers, other electronic devices and filing areas are secured at the end of each day and that the area is secured and locked.

The data on the computer system will be backed up daily and a duplicate backup tape/cartridge given to the nominated staff member for storage off site or stored in an encrypted format with an internet server. Backups should be routinely tested to ensure daily duplication processes are valid and retrievable.

## **10. Complaints about privacy-related matters**

Complaints about privacy-related matters will be addressed in the same way as other complaints. This procedure is outlined elsewhere in this practice's procedures manual.

## **11. Retention of health records**

It is the policy of this service that individual client records be retained until the client has reached the age of 25 or for a minimum of 7 years from the time of last contact, whichever is the longer. No record will be destroyed at any time without the permission of the treating Counsellors or of the authorised Counsellors in the practice.

In the event of a Counsellor dying or transferring out of the service, the Counsellor (or Staff in the event of a death) whom is leaving the practice may write individually to each client, asking them to nominate a practitioner to whom the record should be transferred.

If the service closes, clients will be contacted individually or, if this is not practical, a public notice will be placed in the local newspaper indicating how clients may arrange for their records to be transferred to another Counsellor.

In the event of the practice closing, it has been arranged that any health records not transferred will be stored securely under the supervision of the Privacy Manager.

## **12. Staff training**

In-service training and induction procedures for Counsellors and staff should ensure that they demonstrate understanding of this policy. Ongoing education and training processes in the service will ensure that skills and competence in the implementation of the privacy policy and related issues are maintained and updated. This training includes familiarity with the RACGP/CPMC/GPCG Handbook or the Management of Health Information in Private Medical Practice (2002) and the National Privacy Principles.