



**Aim:**

This policy aims to provide all staff with a framework and standards for the application of privacy and confidentiality principles and understand their role in complying with this policy.

**Rationale:**

To ensure that the privacy of personal information is protected in accordance with Australian privacy principles and related legislation.

**Scope:**

This policy applies to all employees, Board members, volunteers, students, consultants, contractors and agents (hereafter referred to as staff).

**Policy Governance:**

- This Policy Handbook is governed by the Albury Wodonga Health (AWH) Senior Management Team (SMT) which is responsible for the approval or modification of the policy in line with relevant legislation, guidelines and standards.
- The member responsible for tabling at the AWH SMT is the Chief Financial Officer (CFO).
- Ownership and accountability for currency rests with the AWH Privacy Officer (Chief Health Information Manager).
- The Information Management Committee is responsible for reviewing the document prior to approval at a SMT meeting.
- Committee Terms of Reference are noted in the Related AWH Documents section below.

**Definitions:**

Term	Definition
<b>Confidentiality</b>	Refers to the trust and expectation that the content of any specific and/or identifying information will remain entrusted between the patient / client and AWH.
<b>Manager</b>	Includes the Direct Line Manager, their Manager or Director within the same stream or directorate.
<b>Patient / Client Information</b>	Refers to any information which may identify a patient / client or which relates to a patient / client's involvement with Albury Wodonga Health (AWH). This includes, but is not limited to, verbal information, the medical record or other service record and any documents held within it, attendances, patient / client lists, registers, appointment books, handover sheets, transfer documentation, patient / client accounts, electronic information, x-rays, images and other media, and any other information relating to an individual patient / client.
<b>Staff</b>	Employees, Board members, volunteers, students, consultants, contractors and agents

## PRIVACY POLICY

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### Policy:

1. Every patient and staff member who enters AWH or utilises our services has a right to confidentiality. AWH has an obligation to keep in confidence patient / client information and staff information. This obligation is shared by all staff.
2. Good record management ensures confidential information is well maintained and available to authorised personnel only.
3. AWH will only collect Personal Information from patients / clients and staff where it is relevant to a purpose connected with a function or activity of the organisation and will do so in a lawful manner.
  - 3.1 Every attempt will be made by AWH to safeguard the personal information of patients and staff. This is achieved with role based access to information where appropriate and through regular audits.
  - 3.2 At point of entry to AWH, every patient and staff member will be provided with information regarding the use, collection, disclosure and access to their information.
4. AWH may record phone calls for quality and training purposes and needs to be identified at the start of the call with the caller being asked if they wish to continue.
5. When you handle confidential information, you must:
  - 5.3 Not store patient identifying data onto shared drives.
  - 5.4 Maintain the security and confidentiality of records.
  - 5.5 Handle and store records appropriately to prevent loss or damage.
  - 5.6 Always store hard copies securely when not in use; and
  - 5.7 Seek authorisation before destroying, disclosing or removing records.
6. Disclosure of information is confined to the following circumstances:
  - 6.1 For continuing care.
  - 6.2 To meet statutory / legislative requirements.
  - 6.3 To support investigations or audits.
  - 6.4 When consent for information disclosure is provided by the patient.
  - 6.5 Where there is a serious threat to the life, health or safety of any individual, or to public health or safety; or
  - 6.6 To provide a safe work environment for staff.
7. The above points should be considered in the context of duty of care. Identification of the patient in the context of routine work procedures such as patient journey boards and bedside handover may be deemed to be reasonable and necessary so that patient care is not compromised.
8. The transfer, release and security of patient information should be completed with reference to the [Release of Patient-Client Information Procedure \(PRO0168\)](#) and [Access and Security of Patient/Client Information Procedure \(PRO1465\)](#).
9. All staff will be oriented to privacy requirements at corporate induction. New staff will sign a Privacy and Confidentiality Agreement at the commencement of their employment.
10. AWH recognises that failure to comply with this policy can have serious implications for the organisation, staff and patients / clients. Staff are expected to bring non-compliance in confidentiality to the attention of their reporting manager, who will then refer the issue to the appropriate SMT member or report it through the operational risk management system VHIMS RiskMan. (*Refer to Registers below for a link to the system*).
11. The designated privacy officer is the Chief Health Information Manager.
12. Public Registers are to be administered as if the information they contained were Personal Information.
13. If AWH wishes to apply for a Public Interest Determination, legal advice is to be sought. In the event that AWH is subject to a Public Interest Determination (or Temporary Public Interest Determination) of more than 12 months duration, AWH will need to report to the Information Commissioner annually and at any other time as requested.

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### Policy Release and Distribution:

1. This policy will be made available on the AWH Intranet (DAPHNE) and [www.awh.org.au](http://www.awh.org.au) once endorsed.
2. The policy will be included on the monthly Approved Documents Update that is emailed to all staff and included on the AWH Intranet Noticeboard.

### Policy Compliance:

Privacy reviews will be conducted on a monthly basis by the AWH Privacy Officer. Results will be tabled at the Information Management Committee. Audits to be conducted, associated timeframes and responsibility are noted in the AWH Policy Compliance Register.

### Annexes:

#### Related AWH Documents:

##### Governance Terms of Reference:

- [Information Management Committee – Terms of Reference \(TOR0576\)](#).
- [Senior Management Team – Terms of Reference \(TOR0588\)](#).

##### Policies:

- [Information Management and ICT Policy Handbook \(POL0749\)](#).
- [Patient Rights and Responsibilities Policy \(POL0226\)](#).

##### Procedures:

- [Release of Patient-Client Information Procedure \(PRO0168\)](#).
- [Access and Security of Patient/Client Information Procedure \(PRO1465\)](#).
- [Clinical Photography Procedure \(PRO1125\)](#).

##### Forms:

- [AWH Release of Data Agreement Form \(FO1057\)](#).
- [Privacy Confidentiality and Security Agreement Form \(FO0091\)](#).

##### Registers:

[AWH Risk Register \(RiskMan\)](#)  
AWH Policy Compliance Register

##### Owner:

Internal Audit  
Director of Information  
Management

## PRIVACY POLICY

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**Accreditation Standards:** [National Safety and Quality Health Service Standard 1: Governance, Leadership and Culture](#) (1.16).

**Other Relevant Information:** [Australian Charter of Healthcare Rights](#).

**Associated Legislation:** [Privacy Act 1988 \(Cth\)](#).  
[Privacy Amendment Act \(Enhancing Privacy Protection\) 2012](#).  
[Privacy Amendment Act \(Notifiable Data Breaches\) 2017](#).  
[Privacy and Data Protection Act 2014 \(VIC\)](#).  
[Australian Privacy Principles](#) (Schedule 1 of Privacy Act).  
[Health Records Act 2001\(Vic\)](#).  
[Health Services Act 1988 \(Vic\)](#) Section 141.  
[Health Records and Information Privacy Act 2002 \(NSW\)](#).  
[Government Information \(Public Access\) Act 2009 \(NSW\)](#).  
[Mental Health Act 2014 \(Vic\)](#).  
[Mental Health Act 2007 \(NSW\)](#).  
[Children's and Young Persons \(Care and Protection\) Act 1998 \(NSW\)](#).  
[Freedom of Information Act 1982](#).  
[Government Information \(Public Access\) Act 2009](#).

**Governing Agencies:** [Australian Government Office of the Australian Information Commissioner \(OAIC\)](#).

**References:**

**Contact Point:** Information Management.

**In consultation with:**

TITLE / POSITION:
Director of Information Management
Information Management Committee

### CHANGES FROM PREVIOUS DOCUMENT:

- Separation from the Information Management & ICT Policy Handbook for ease of access externally.

THIS SECTION FOR CORPORATE RECORDS OFFICE USE ONLY		
<b>Approved by Executive / Delegate:</b>	<b>Date Approved:</b>	<b>SharePoint Location:</b>
Senior Management Team	19 October 2018	Polices...
<b>Responsible Department:</b>	<b>Date for Review:</b>	<b>Linked Documents:</b>
Chief Financial Officer / Information Management	19 October 2021	
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