

## Privacy Management Annual Report 2016 - 2017

Sydney Local Health District (SLHD) continues to meet its privacy obligations through the appropriate governance and the provision of privacy information, training and support to its staff members. Oversight for monitoring compliance with privacy legislation is provided by the SLHD Director of Clinical Governance and Risk with assistance from the Privacy Contact Officer.

SLHD provides ongoing privacy information and support to its staff members through:

- A privacy information link on the SLHD Intranet home page which gives staff members access to:
  - SLHD Policy Compliance Procedure SLHD\_PCP2017\_005 *Access to Health Information by Client/Patient / Authorised Representatives and Third Parties*
  - SLHD Policy Compliance Procedure SLHD\_PCP2017\_010 *Access to Health Information by Law Enforcement Agencies*
  - SLHD Policy Compliance Procedure SLHD\_PCP2017\_020 *Release of Information under Subpoena*
  - NSW Health Privacy Manual for Health Information, 2015  
<http://www.health.nsw.gov.au/policies/manuals/Pages/privacy-manual-for-health-information.aspx>
  - NSW Health Privacy Intranet page <http://internal.health.nsw.gov.au/privacy/>
  - NSW State Archives and Records *General Retention and Disposal Authorities* (GDAs 17 and 21)
  - SLHD Health Information Privacy Leaflet for Patients
  - SLHD Health Information Privacy Leaflet for Staff
  - SLHD *Application to Access Personal Health Information* form
  - SLHD *Consent to Release Information* form
- Mandatory online privacy training during orientation of new staff members
- Regular face to face privacy presentations
- Participation of Privacy Awareness Week (15 - 19 May 2017) with the following events and activities:
  - Health Information Privacy presentations
  - Special presentation from the Crown Solicitor's Office
  - Facility stalls with information sheets
  - Staff quiz competition

- Audits
- Privacy awareness during training of electronic systems and requirement to sign a Data Security Declaration form before access is granted
- Regular memorandums from SLHD Chief Executive

SLHD Privacy Contact Officer continues to provide policy and compliance support/advice to SLHD staff, particularly in relation to electronic health records, and access to, and disclosure of personal information and personal health information. The Privacy Contact Officer also attended privacy information and networking sessions during 2016-2017.

Privacy information is provided to consumers through:

- Privacy information on the SLHD Internet website:  
<http://www.slhd.nsw.gov.au/personalInfo.html>
- SLHD Health Information Privacy Leaflet for Patients

Operational privacy issues and privacy complaints are addressed as required, either as informal complaints handled through existing complaints handling processes, or as formal complaints under privacy law via the Internal Review process.

Following the investigation/review of a privacy complaint, actions undertaken by SLHD include review of policies and procedures, additional staff training and if necessary, disciplinary action can be taken in relation to serious privacy breaches. It is through processes such as these that the SLHD continues to review and improve staff member's knowledge about privacy obligations and more effectively manage personal and health information.

### **Internal Review**

The *Privacy and Personal Information Protection Act 1998* provides a formalised structure for managing privacy complaints relating to this Act and to the *Health Records and Information Privacy Act 2002*. This process is known as 'internal review'.

During 2016-17, the SLHD received three new applications for internal review:

1. Application for internal review was received on 2 September 2016, alleging a breach of Health Privacy Principle (HPP) 1 *Purpose of Collection of Information*, HPP 2 *Information must be relevant, not excessive, accurate and not intrusive*, HPP 4

*Individual to be made aware of certain matters, HPP 5 Retention and Security, HPP 9 Accuracy and HPP's 10 and 11 Use and Disclosure of Health Information.* The internal review concluded that there were no breaches of HPPs 1, 2, 4, 5, 10 and 11. An apology for any distress caused was provided to the applicant. The applicant was also provided with information on how to apply for access to their personal health information. The Service was also asked to review their referral process to ensure that clients were fully informed about the services they provided.

2. Application for an internal review was received on 10 January 2017, alleging a breach of HPP 1 *Purpose of Collection of Information*, HPP 2 *Information must be relevant, not excessive, accurate and not intrusive*, HPP 3 *Collection to be from Individual Concerned*, HPP 4 *Individual to be made aware of certain matters*, HPP 7 *Access to Health Information* and HPP 9 *Accuracy*. The internal review concluded that there were no breaches of HPPs 1, 2, 3, 4, 7 and 9. The applicant was provided with information on how to apply for access to their personal health information and how to request amendments to their health information.
3. Application for an internal review was received on 20 February 2017, alleging a breach of HPP 11 *Disclosure of Health Information*. The internal review concluded that there was no breach of HPP 11. An apology for any distress caused was provided to the applicant. An in-service was provided to the Unit to provide refresher privacy training. A memorandum was also provided to all staff of the Unit reminding them of their responsibilities when releasing health information.

**Maria Mappis**  
**Privacy Contact officer**  
17 August 2017