

Privacy Management Annual Report 2013-14

Western Sydney Local Health District (WSLHD) meets its privacy obligations through appropriate governance and the provision of privacy information, training and support to staff. Oversight for monitoring compliance with privacy legislation continues to be provided by the Privacy and Information Compliance Manager (Privacy Contact Officer).

WSLHD provides ongoing privacy information and support to its staff through:

- A privacy intranet website which provides all staff with access to:
 - NSW privacy legislation
 - NSW Health privacy policies (Privacy Manual and Internal Review Guidelines)
 - Privacy education and training
 - Frequently Asked Questions (FAQs)
 - Links to external resources such as the Privacy and Information Commissioner
- Provision of privacy awareness at new staff orientation
- Provision of mandatory privacy training, available to staff as either on-line via HETI or face-to-face training programs
- Access to privacy information posters and patient information privacy leaflets, a copy of which is made available to all patients/clients attending a WSLHD facility.

The Privacy and Information Compliance Manager provides support and advice to WSLHD staff in relation to compliance with privacy legislation with particular reference to electronic health records (eMR) and access, use and disclosure of personal health information. There is a growing focus on education and training in relation to the use of social media by staff.

Privacy information is provided to consumers through

- an Information Privacy Internet site at <http://www.wslhd.health.nsw.gov.au/Quality---Patient-Safety/Right-to-Information/Information-Privacy/Information-Privacy>.
- The NSW Information Privacy Leaflet for Patients which is provided to all patients on entry to a health care facility
- The NSW Information Privacy Leaflet for Patients is available to patients/clients in patient care and public areas of the health care facilities.
- The NSW privacy poster is on display in patient care and public areas of the health care facilities.

The availability of privacy posters and leaflets to patients/clients is regularly audited. The last audit was performed in 2013 and a number of recommendations are currently being implemented. The next audit will be performed in 2015.

The Privacy and Information Compliance Manager has participated in the NSW Health Privacy Contact Officers Network Group meetings in 2013-14 where information privacy matters affecting business practice in NSW Health are discussed.

WSLHD participated in the review of the NSW Health Privacy Manual and provided comments as a result of this review.

The *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* provide the legislative framework and process for managing privacy complaints. The process is known as 'Internal Review'.

Actions which may be undertaken as a result of the Internal Review, include education and training; staff counselling; disciplinary procedures and revision of policy and procedure.

Privacy complaints where the complainant has not requested an Internal Review, or where the breach has been internally identified, are investigated using a modified approach of the internal

review system. Thorough investigation is undertaken in all cases and any recommendations are implemented.

Privacy Internal Review

During 2013-14, WSLHD received two new applications for Internal Review:

1. Application for Internal Review received 2 January 2014. Complainant alleged that information held in the health care record was inaccurate and misleading. Internal review found there had been a breach of *Health Privacy Principle 9 Accuracy* and *Health Privacy Principle 8 Amendment of health information*.
2. Application for Internal Review received 21 March 2014. Staff member alleged that information about them had been collected from a third party, without their consent. Internal review found that there had not been a breach of *Health Privacy Principle 3 Collection to be from individual concerned* or *Health Privacy Principle 4 Individual to be made aware of certain matters*. There had been a breach of *Health Privacy Principle 10 Limits on use of health information*.

Privacy Breaches

During 2013-14, WSLHD received one complaint in relation to a breach of privacy, not requesting Internal Review, and one alleged breach of privacy was identified via internal systems. The nature of these matters and outcomes are as follows:

1. Letter of inquiry was received on 28 July 2013, from a patient, in relation to business processes with regard to release of information. The inquiry referenced a possible inappropriate disclosure of the patient's information. Information about business processes for disclosure of health information was provided to the patient who required no further action be taken. File closed.
2. In May 2014 a possible breach of privacy was internally identified in relation to inappropriate staff access to Cerner electronic health records. Carried over to 2014/15.