

Privacy Management Annual Report 2015-16

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 and guidelines
 - Privacy education and training
 - Links to external resources such as the Information Privacy Commission
- Provision of privacy awareness at new staff orientation
- Provision of mandatory privacy training on-line via HETI.
- Face to face privacy training programs in addition to HETI on line privacy training.
- Access to privacy information posters and patient information privacy leaflets, a copy of which is made available to all patients/clients attending WSLHD facilities.

The Privacy and Information Compliance Manager provides support and advice to WSLHD staff in relation to compliance with privacy legislation with increasing 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 and appropriate staff access to electronic information systems.

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 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 2015 and all of the recommendations have been implemented. The next audit will be performed in 2017.

The Privacy and Information Compliance Manager has participated in the NSW Health Privacy Contact Officers Network Group meetings in 2015-16 where information privacy matters affecting business practice in NSW Health are discussed.

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 2015-16, WSLHD received five new applications for Internal Review:

1. Application for internal review received July 2015. Patient alleging that a staff member accessed their electronic health record. Breach of *HPP 5 Retention and security* was not substantiated however a breach of *HPP 10 Limits on use of health information* was substantiated.
2. Application for internal review received September 2015. Patient alleging disclosure of their health information by a staff member. Breaches of *HPP 10 Limits on use of health information* and *HPP 11 Limits on disclosure of health information* were not substantiated.
3. Application for internal review received December 2015. Patient alleging disclosure of their health information by a staff member. Breaches of *HPP 5 Retention and Security* and *HPP 11 Limits on disclosure of health information* were substantiated and the matter was settled for \$2000 at the time of the internal review.
4. Application for internal review received April 2016. Staff member alleging disclosure of their personal information by another staff member. Breach of *IPP 17 Limits on use of personal information* was not substantiated.
5. Application for internal review received June 2016. Patient alleging disclosure of information by staff and information not collected from patient. Breach of *HPP 3 Collection to be from individual concerned* and *HPP 11 Limits on disclosure of health information* were not substantiated.

Privacy Breaches

During 2015-16, WSLHD received five complaints in relation to a breach of privacy, not requesting Internal Review. Two alleged breaches of privacy were identified via internal systems. The nature of these matters and outcomes are as follows:

1. Internally identified in December 2015. Staff member inappropriately accessing Cerner health care record. Breach of *HPP 10 Limits on use of health information* was substantiated.
2. Complaint by patient received December 2015. Complaint alleging a staff member disclosed health information. Breach of *HPP 11 Limits on disclosure of health information* was not substantiated.
3. Two complaints by patients received in December 2015. Complaints alleging disclosure of health information by single staff member. Breaches of *HPP 5 Retention and Security* and *HPP 11 Limits on disclosure of health information* were substantiated.
4. Complaint by staff member received in January 2016. Complaint alleging a staff member accessed their electronic health record. Breach of *HPP 10 Limits on use of health information* was substantiated.
5. Internally identified in March 2016. Breach of privacy of multiple patients. Breach of *HPP 5 Retention and security* and *HPP 11 Limits on disclosure of health information* were substantiated.
6. Externally notified by party without standing in June 2016. Alleged disclosure of health information of multiple patients. Breach of *HPP 11 Limits on disclosure of health information* was substantiated.