

Privacy Management Annual Report 2016-17

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 My Health Learning.
- Face to face privacy training programs in addition to My Health Learning on line privacy training.
- Access to privacy 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 2016-17, WSLHD received three (3) new applications for Internal Review:

- September 2016 – Patient complained that staff obtained his health information from, and disclosed his health information to, a third party without his consent. No breach of *HPP 3 Collection to be from individual concerned* and insufficient evidence to substantiate a breach of *HPP 11 Limits on disclosure of health information*
- November 2016 – staff member complained that WSLHD had disclosed his employment information to other WSLHD employees without his consent. No breach of *IPP 17 Limits on use of personal information* or *IPP 18 Limits on disclosure of personal information*.
- November 2016 – parent of deceased patient alleged WSLHD had disclosed his own and his deceased child's information to third parties without his consent. No breach of *HPP 11 Limits on disclosure of health*.

Privacy Breaches

During 2016-17, WSLHD investigated ten (10) alleged breaches of privacy requiring Internal Review. The alleged breaches of privacy were via internal systems or notified by external people or agencies. The nature of these matters and outcomes are as follows:

- July 2017 – Staff member accessed health information of high profile patient. Access found to have been appropriate and in the course of duties. No breach of *HPP 10 Limits on use of health information*
- August 2016 – Staff member identified as having accessed health information of a colleague. Staff was not rostered at the time of access and failed to log out of eMR. Breach of *HPP 5 Retention and security identified*.
- September 2016 – staff member identified a possible breach of her own privacy following presentation to WSLHD for health care. Declined to allow any form of investigation.
- September 2016 – complaint from doctor that he had received information about a patient not known to him. He was found to be the admitting doctor and issues with the roster of admitting doctors had been long standing. No breach of *HPP 11 Limits on disclosure of health information*.
- November 2016 – staff member identified a student who took identifiable patient information outside of WSLHD and provided it to staff in another organisation. Breach of *HPP 11 Limits on disclosure of health information* proven.
- November 2016 – advice from external health provider that patients were leaving concealed recording devices in a room where staff meetings and patient “case conferences” were held. Breach of *HPP5 Retention and security* identified.
- December 2016 – anonymously alleged by a staff member that another staff member was accessing and using the health information of a relative. Breach of *HPP 5 Retention and security* identified. Breach of *HPP 10 Limits on use of health information* unable to be substantiated.
- January 2017 – informal complaint from patient alleging staff member had used and disclosed their health information. Complainant did not wish to proceed with investigation.
- January 2017 – advice from external agency that a staff member is alleged to have accessed and used the health information of family member. Breach of *HPP 5 Retention and security* and *HPP 10 Limits on use of health information* unable to be substantiated.
- January 2017 – allegation that staff had been circulating surgical photos of a patient for reasons not related to patient care and circulated it to many. Breach of *HPP 1 Purposes of collection of health information* not substantiated. Breach of *HPP 5 Retention and security* substantiated. Breach of *HPP 10 Limits on use of health information* substantiated. Breach of *HPP 11 Limits on disclosure of health information* unable to be substantiated.