

Privacy Management Annual Report 2017-18

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 and 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 2017 and all of the recommendations have been implemented. The next audit will be performed in 2019.

The Privacy and Information Compliance Manager has participated in the NSW Health Privacy Contact Officers Network Group meetings in 2017-18 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.

In 2017-18 WSLHD commenced reporting suspected misuse of information as corrupt conduct to ICAC.

Privacy Internal Review

During 2017-18, WSLHD received four new applications for Internal Review:

1.

Date received: September 2017

Privacy principles breached: HPP 10 Limits on use of health information

Details: Patient also a staff member complained that colleagues had accessed health care record.

Finding: The internal review concluded that a breach HPP 10 was found.

NCAT review: Nil

NCAT finding: Nil

2.

Date received: October 2017

Privacy principles breached: HPP 11 Limits on disclosure of health information

Details: Application for internal review by authorised representative alleging unauthorised access.

Finding: Preliminary investigation revealed access by staff member employed in Nepean Blue Mountains Local Health District (NBMLHD). Transferred to NBMLHD.

NCAT review: Nil

NCAT finding: Nil

3.

Date received: December 2017

Privacy principles breached: HPP 10 Limits on use of health information

Details: Applicant complained that a staff member accessed the information of a mutual family member (a patient) without authorisation to do so. Complainant declined to proceed with the investigation as they obtained additional information to suggest the staff member had obtained the information elsewhere.

Finding: Nil

NCAT review: Nil

NCAT finding: Nil

4.

Date received: May 2018

Privacy principles breached: HPP 2 Information must be relevant, not excessive, accurate and not intrusive

Details: Patient complained that information held about her was inaccurate.

Finding: Information held was found to be accurate. The internal review concluded that no privacy breach was found.

NCAT review: Nil

NCAT finding: Nil