

SWSLHD Privacy Management Annual Report 2017-2018

South Western Sydney Local Health District (LHD) continues to meet its privacy obligations through appropriate governance and the provision of privacy information, training and support to staff. Oversight for monitoring compliance with privacy legislations is provided by the Chief Executive with assistance from the Privacy Contact Officer.

South Western Sydney LHD provides ongoing privacy information and support to the general public and staff through:

- A website which provides access to:
 - NSW privacy legislation
 - NSW Health privacy policies (Privacy Management Plan and Privacy Manual)
 - External resources including Privacy and Information Commissioners; and
- Provision of privacy awareness at staff orientation
- Provision of privacy awareness during training for access to electronic systems
- A privacy declaration form is signed by all employees who are granted access to South Western Sydney LHD systems, acknowledging their privacy obligations
- Provision of privacy training, available as mandatory online and face to face training programs
- Access to privacy information posters and patient privacy information brochures, copies of which are available for patients/clients as well as staff in South Western Sydney Local Health District facilities/services
- Patient privacy brochures distributed to patients in community health centres and during home visits.
- All Medical Record Departments have a designated officer who has received privacy training to assist with enquires and provide advice when required

The Privacy Contact Officer provides policy and compliance support and advice to staff and patients particularly in relation to electronic health records and access to, and disclosure of personal health information.

Internal Review

The *Privacy and Personal Information Protection Act, 1998* provides a framework 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 2017-2018 two (2) applications were received for an internal review:

- February 2018 - The applicant was provided a copy of their medical record on request. The applicant subsequently complained the record was not complete in that information about third parties was redacted from the records. In this case the HRIP Act (HPP 11) requires that the individual to whom the information relates must consent to the disclosure of their health information unless for a purpose as listed in the clause. The redacted information related to third parties and was not information related to the applicant.

No breach of *HPP 6 – Access to health information* was identified.

- June 2018- The complaint concerned the disclosure of the applicant's personal health to a relative without her consent. The review found that the disclosure was necessary to provide ongoing care to the applicant in the community as allowable under the HRIP Act.

No breach of *HPP 11 - Limits on disclosure of personal health information* was identified.

Privacy Breaches

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 or disciplinary action taken as appropriate.

During 2017-18, SWSLHD investigated two (2) alleged breaches of privacy requiring internal investigations. The alleged breaches of privacy were identified via internal systems or notified by external people or agencies. The nature of these matters and outcomes are as follows:

- September 2017 – Staff member accessed health and disclosed personal and health information of a patient. The access and disclosure was found to have been inappropriate and not in the course of the staff member's duties.

Breach of HPP 5 Retention and Security and HPP 11 Limits on disclosure of health information identified.

- November 2017 – Staff member accessed health and used personal and health information of a patient. The access and disclosure was found to have been inappropriate and not in the course of the staff member's duties.

Breach of HPP 5 Retention and Security and HPP 10 Limits on use of health information identified.