

Dunedin City GP

Tūroro/Patients

2.1 Privacy and Release of Information Policy

Purpose:

This policy ensures practices concerning privacy and release of information comply with the identified legislation and standards for patients and staff at Dunedin City GP.

Scope: all staff at Dunedin City GP

Definitions:

Privacy principles: rules of collection, storage, access & correction, accuracy, retention, use, disclosure and personal identifiers.

Confidentiality: like secrecy. Fundamental to trust relationship as promotes full disclosure. May disclose if authorised, in emergency or in public interest.

Security: Protection from unauthorised disclosure (or use, alteration, deletion). Data breach is when there is unauthorised or accidental access to or disclosure of personal information. Data breach notification is the practice of notifying affected individuals and the Privacy Commissioner when their personal information has become available to unauthorised individuals or organisations if this breach has, or is likely, to cause serious harm

Serious Harm:

- Where there is a risk of identity theft or fraud
- Where there is a risk of physical harm
- Where there is a risk of humiliation, loss of dignity or damage to a person's reputation

Authorised Agent for Release of Information:

- a person authorised by the patient to have access to their clinical records
- a person who has right of access as stipulated in the Privacy Act (parents of children < 16)
- a health professional or agency supporting health care who may/may not have the permission of the patient to access their clinical records.

Policy Objectives:

1. To collect only the information that is necessary from:

- the person concerned, or their nominated representative. (HIPC Rules 1, 2, 3, 4)
- other appropriate professionals (e.g. radiography, laboratories, or in the case of staff, people such as referees)

2. To provide the individual with details of the purpose of collecting information and identify others who may have access to it (HIPC Rules 3, 10)

3. To ensure that all written and electronic information which is held by Dunedin City GP is:

- secure against loss, inappropriate access, use, modification or disclosure (H&D 2.9)
- disposed of in an appropriate and timely way (HIPC Rules 5, 9)

4. To ensure that sharing of information is factual, appropriate, is limited to that which is required to adequately deal with the current situation and occurs in an environment that attends to privacy requirements (HIPC Rules 1, 3, 8-11).

5. To ensure that release of written information occurs:

as required by Statutory Obligation and Legislative Compliance:

- Copies sent to other hospitals or medical practitioners (Health Act – Section 22f)
- Medical Practitioners acting on behalf of ACC

or following the completion of Release Form signed by the patient/guardian/or person with power of attorney

- A copy of the patient's signed release form must be added to the patient's file

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6. To enable the individual concerned to have access to all information held relating to them personally and provide opportunity for correction of details (HIPC Rules 6, 7)
7. To ascertain the information is accurate, up to date, complete, relevant, and not misleading (HIPC Rules 7 & 8; H&D 2.9)
8. To systematically use unique identifiers, such as NHI number for patients, appropriately and accurately (HIPC Rule 13)
9. To ensure timely, reliable processes relating to release of clinical records (HIPC Rules 10 & 11)
10. To ensure robust processes for the disclosure of information to overseas agencies (HIPC 12)
11. To restrict capture of images by social media to personal use only.

Implementation

Dunedin City GP has:

- A Privacy Officer, who is the Practice Manager, to ensure the Act and Code is upheld and to facilitate privacy education to all staff throughout the organisation.
- An enrolment form and website which include a Privacy Statement
- Signage/brochures outlining 'a patients right to privacy', 'Health Information Your Rights'
- A Complaints Policy and process

Evaluation

Evaluation of this policy will occur through;

- Patient feedback surveys – both in-house and national
- Patient complaints
- Incident reports
- Privacy Audit, which includes a review of Release of Information
- Feedback from staff

Additional References:

External:

Privacy Act 2020

Health Information Privacy Code 2020

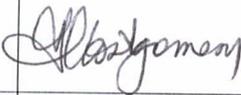
Privacy Commission e-learning privacy training modules

Internal

1.3 Complaints policy

5.1 Correspondence Policy

13.3 Incident Management Policy

	Signed:	Date of next review	Signed:
Written by Faola de Montgomery 25/08/2022		2/1/2026	
Reviewed by Dr Adrian Hindes 2/1/2023		2/1/2026	