

Privacy Management Annual Report 2015 - 2016

Sydney Local Health District (SLHD) continues to meet its privacy obligations through the appropriate governance and the provision of privacy information, training and support to its staff members. Oversight for monitoring compliance with privacy legislation is provided by the SLHD Director of Clinical Governance and Risk with assistance from the Privacy Contact Officer.

SLHD provides ongoing privacy information and support to its staff members through:

- A privacy information link on the SLHD Intranet home page which gives staff members access to:
 - SLHD Policy Directive SLHD_PD2012_015 *Privacy Management Requirements under the Health Records and Information Privacy (HRIP) Act (2002)*
 - SLHD Policy Directive SLHD_PD2012_014 *Privacy Management Requirements under the Privacy and Personal Information Protection (PPIP) Act 1998*
 - NSW Health Privacy Intranet page <http://internal.health.nsw.gov.au/privacy/>
 - NSW Health Privacy Manual for Health Information, 2015
<http://www.health.nsw.gov.au/policies/manuals/Pages/privacy-manual-for-health-information.aspx>
 - NSW Health Privacy Management Plan
http://www0.health.nsw.gov.au/policies/pd/2005/PD2005_554.html
 - SLHD Health Information Privacy Leaflet for Patients
 - SLHD Health Information Privacy Leaflet for Staff
- Mandatory online privacy training during orientation of new staff members
- Provision of privacy awareness during training of electronic systems and requirement to sign a Data Security Declaration form before access is granted
- Regular face to face privacy presentations
- Participation of Privacy Awareness Week (15 - 21 May 2016)
- Memos from SLHD Chief Executive

SLHD A/Privacy Contact Officer continues to provide policy and compliance support/advice to SLHD staff, particularly in relation to electronic health records, and access to, and disclosure of personal information and personal health information. The A/Privacy Contact Officer also attended privacy information and networking sessions during 2015-2016.

Privacy information is provided to consumers through:

- Privacy information on the SLHD Internet website:
<http://www.slhd.nsw.gov.au/personalInfo.html>
- SLHD Health Information Privacy Leaflet for Patients
- Participation of Privacy Awareness Week (15 - 21 May 2016)

Operational privacy issues and privacy complaints are addressed as required, either as informal complaints handled through existing complaints handling processes, or as formal complaints under privacy law via the Internal Review process.

Following the investigation/review of a privacy complaint, actions undertaken by SLHD include review of policies and procedures, additional staff training and if necessary, disciplinary action can be taken in relation to serious privacy breaches. It is through processes such as these that the SLHD continues to review and improve staff member's knowledge about privacy obligations and more effectively manage personal and health information.

Internal Review

The *Privacy and Personal Information Protection Act 1998* provides a formalised structure 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 2015-16, the SLHD received four new applications for internal review:

1. Application for internal review was received on 9 September 2015, alleging a breach of Health Privacy Principle (HPP) 5 *Retention and Security* and HPP's 10 and 11 *Use and Disclosure* of Health Information by an individual staff member. The internal review confirmed a breach of HPP's 5 and 10 had occurred. The internal review could not conclude that there was a breach of HPP 11. The internal review also concluded that the individual staff member acted independently of the SLHD. An apology was provided to the applicant. The individual staff member was referred to the Human Resources Department for further investigation under the *Managing Misconduct Policy*. A memo from the Chief Executive was also distributed to all SLHD staff members to remind them of their privacy responsibilities.

2. Application for an internal review was received on 20 November 2015, alleging a breach of HPP 5 *Retention and Security* and HPP 11 *Use and Disclosure* of Health Information. Based on the information available, the internal review could not determine whether there were breaches of HPP's 5 and 11. An apology was provided to the applicant. Relevant staff members were also directed to complete online privacy training.

3. Application for an internal review was received on 23 December 2015, alleging a breach of HPP 5 *Retention and Security* and HPP's 10 and 11 *Use and Disclosure* of Health Information by an individual staff member. The internal review confirmed a breach of HPP's 5 and 10 had occurred. The internal review could not conclude that there was a breach of HPP 11. The internal review also concluded that the individual staff member acted independently of the SLHD. The individual staff member was referred to the Human Resources Department for further investigation under the *Managing Misconduct Policy*.

4. Application for an internal review was received on 2 May 2016, alleging a breach of HPP 5 *Retention and Security* and HPP 11 *Use and Disclosure* of Health Information. The internal review concluded that there was no breach of HPP 5. Based on the information available, the internal review could not determine whether there was a breach of HPP 11.

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1 November 2016