

Privacy Management Annual Report 2011-12

Nepean Blue Mountains Local Health District (NBMLHD) meets its privacy obligations through appropriate governance and the provision of privacy information and support to staff.

NBMLHD provides ongoing privacy information and support to its staff through:

- A privacy Intranet website
- Provision of privacy awareness at new staff orientation
- Provision of privacy training, which is available to staff on-line as annual mandatory training and also face-to-face
- Availability of key privacy resources, including the NSW Health Privacy Manual (Version 2), NSW Health Privacy Internal Review Guidelines, and the Privacy Information posters and leaflets. These continue to be distributed to staff for reference and dissemination.

The District Privacy Contact Officer and delegates have continued to provide policy and compliance support/advice to health service staff, particularly in relation to electronic health records, and access to, and disclosure of personal health information. The District Privacy Contact Officer and other key representatives attended several privacy information and networking sessions during 2011-12.

Privacy information is provided to consumers through an Information Privacy Internet site. The Privacy Information for Patients leaflets are made available to patients/clients on attendance at Nepean Blue Mountains facilities. The availability of privacy posters and leaflets to patients/clients continues to be regularly audited and improvements to processes implemented.

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.

Actions have been undertaken by NBMLHD resultant from the complaints, including review of policies and practices, staff counselling, **termination of one staff member** and further training.

Privacy 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'. All complaints received by NBMLHD which allege a breach of privacy are managed as internal reviews.

During 2011-12, Nepean Blue Mountains Local Health District received six new applications for internal review:

1. October 2011 – Internal review alleging that a patient's personal health information had been released to her GP without her consent. Verbal consent was documented in the health care record. Breach of HPP11 (1) – Limits on disclosure of health information was not proven.
2. December 2011 – Internal review from a patient who is also a staff member alleging that a fellow staff member accessed her information in the Cerner eMR and disclosed her personal health information to other staff members. Breach of Health Privacy Principle 10 (1) Limits on use of health information was proven because Cerner audit trail showed access by the staff member. Breach of Health Privacy Principle 5 Retention and Security was not proven because the staff member had used her own username to access the Cerner eMR.
3. December 2011 – Internal review from a patient alleging that a staff member told the patient's sister that the patient was admitted to hospital. Staff member advised that she had purposely contacted the patient's sister as alleged. Breach of HPP11 (1) – Limits on disclosure of health information was proven.
4. February 2012 - Internal review from a patient alleging that a staff member had disclosed the patient's transgender status to the patient's ex-partner. Staff member advised that this disclosure was accidental. Breach of Health Privacy Principle 11 (1) Limits on disclosure of health information was proven.
5. March 2012 – Internal review from staff member, on behalf of a partner, alleging that a fellow staff member had disclosed to her husband information about the partner. The husband was the police prosecutor in a matter involving the partner. Found that information was provided to police prosecutor by the facility in line with reporting requirements. Breach of HPP11 (1) – Limits on disclosure of health information was not proven.
6. May 2012 – Internal review from a staff member that her manager had used information from discontinued HR processes inappropriately in the context of a current HR process. Manager was intending to rely on old information from HR processes that had been abandoned, however, the manager had no knowledge that the old HR processes had been abandoned. Breaches of IPP 5 Retention and security of personal information, IPP 9 Agency must check accuracy of personal information before use and IPP 10 Limits on use of personal information were proven.

No privacy internal reviews were carried over from 2010-11.

In all cases NBMLHD undertook to review local policies and procedures and implement further staff training to prevent similar breaches occurring in the future.

Informal Privacy Complaints/Enquiries

Where Nepean Blue Mountains Local Health District has identified an alleged breach of privacy via internal systems these matters are dealt with using a modified approach of the internal review system and appropriate disciplinary

procedures. Thorough investigation is undertaken in all cases and any resultant recommendations actioned.

During 2011-12, NBMLHD identified three alleged breaches of privacy via internal systems and processes. The nature of these matters and outcomes are as follows:

1. That a staff member had accessed personal health information about her own daughter in the eMR. Staff member disclosed that she had used eMR to access information about her daughter. Breach of Health Privacy Principle 10 (1) Limits on use of health information was proven.
2. That a staff member had, at the request of a colleague accessed personal health information about the colleagues family member in the eMR. Staff member disclosed that she had been asked by a colleague to look up the eMR for a family member and the staff member did as requested. Breach of Health Privacy Principle 10 (1) Limits on use of health information was proven.
3. That a staff member had accessed patient information about a family member in the Obstetrics database. Staff member disclosed that she had used the Obstetrics database to access information about a family member. Breach of Health Privacy Principle 10 (1) Limits on use of health information was proven.