



Privacy Management Annual Report 2013-14

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

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

- A privacy Intranet website which provides staff with access to:
 - NSW privacy legislation
 - NSW Health privacy policies (Privacy Manual and Privacy Management Plan and Privacy Internal Review Guidelines)
 - Privacy training program
 - FAQs
 - Links to external resources including the NSW Information and Privacy Commission
- Provision of privacy awareness at new staff orientation
- Provision of privacy training, available either on-line as annual mandatory training or face to face
- Access to a privacy information leaflet for staff
- Access to privacy Information posters and patient information leaflets, a copy of which is available to all patients/clients attending a Nepean Blue Mountains facility.

Nepean Blue Mountain's Privacy Contact Officer and other delegated staff 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 information and personal health information. The Privacy Contact Officer and other LHD representatives also attended privacy information and networking sessions during 2013-14.

Privacy information is provided to consumers through an [Information Privacy Internet site](#).

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 resulting from these complaints, including review of policies, practices and staff training.

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'.

One privacy internal review was carried over from 2012-13. This application for internal review was received on 24 April 2013, alleging a breach of HPP 11 disclosure principle. The internal review was completed in September 2013 and concluded that a breach of HPP 11 was unable to be substantiated.

During 2013-14, Nepean Blue Mountains Local Health District received nine new applications for internal review:

1. Application for internal review was received on 24 July 2013, alleging a breach of HPP's 9 and 11 - accuracy and disclosure principles. The internal review confirmed a breach of these HPP's had occurred. Processes and systems were reviewed to improve privacy compliance in this area. An apology was provided to the applicant.
2. Application for internal review was received on 12 August 2013, alleging a breach of HPP's 5, 10 and 11 – retention and security, use and disclosure principles. The internal review confirmed a breach of HPP 5 and 10 had occurred. However, a breach of HPP 11 was unable to be substantiated. An apology was provided to the applicant and the matter was referred to Human Resources for appropriate staff disciplinary action.
3. Application for internal review was received on 19 August 2013, alleging breaches of HPP's 1, 2, 5, 7, 9, 10 and 11 – collection, security, access, accuracy, use and disclosure principles. The investigation concluded that the complaint did not involve conduct that was subject to an internal review under privacy legislation.
4. Application for internal review was received on 26 August 2013, alleging breaches of HPP's 7, 8 and 9 – access, amendment and accuracy principles. The internal review concluded that there had not been a breach of these HPPs.
5. A complaint regarding breach of privacy was received on 20 September 2013. Not enough information was provided to enable the complaint to be investigated and further information was requested from the applicant. This was not forthcoming and the file was closed.
6. Application for internal review was received on 11 October 2013, alleging breaches of HPP's 5, 10 and 11 – retention and security, use and disclosure principles. The internal review concluded that there was insufficient evidence to confirm a breach of these HPPs had occurred.
7. An application for internal review was received on 10 December 2013, alleging a breach of IPP 10 - use principle. The internal review concluded that the complaint did not involve conduct that was subject to an internal review under privacy legislation.
8. An application for internal review was received on 24 February 2014, alleging a breach of HPP's 5, 7, 8, 9, 10 and 11 – retention and security, access, amendment, accuracy, use and disclosure principles. The internal review concluded that breaches of these HPPs were unable to be substantiated.
9. An application for internal review was received on 20 March 2014, alleging a breach of IPP's 5, 10 and 11 and HPP's 5, 10 and 11 – security, use and disclosure principles. The investigation into this matter was still being finalised at the close of the reporting period.

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