



Privacy Policy

1 SUMMARY

The confidentiality, collection, storage, disclosing and transfer/disposal and protection of information relating to patients and activity of this medical centre is of significant importance requiring clear policy and procedural understanding.

Information that is available in the public domain (e.g. white pages, electoral register) is not deemed to be private and therefore not covered under this policy.

2 POLICY STATEMENT

2.1 Purpose

The needs and rights of patients in respect to personal information will be protected when this policy is adhered to.

This policy outlines the privacy protocols that will be followed by staff working in this practice and complies with the Privacy Act 2000 and the Health Information Privacy Code 2000 (HIPC). This policy also addresses the requirements of the Foundation Standard supporting the patient experience and equity meeting their needs and rights.

2.2 Background

At the core of the Privacy Act are 12 information privacy principles that set out how agencies may collect, store, use and disclose personal information.

- Principles 1, 2, 3, & 4 govern the collection of personal information. This includes the reasons why personal information may be collected, where it may be collected from, and how it is collected.
- Principle 5 governs the way personal information is stored. It is designed to protect personal information from unauthorised use or disclosure.
- Principles 6 & 7 give individuals the right to access information about themselves.
- Principles 8, 9, 10 & 11 place restrictions on how people and organisations can use or disclose personal information. These include ensuring information is accurate and up-to-date, and that it isn't improperly disclosed.
- Principle 12 governs disclosure of health information outside New Zealand
- Principle 13 governs how "unique identifiers" - such as IRD numbers, bank client numbers, driver's licence and passport numbers - can be used.

2.3 Scope

This policy applies to all staff engaged in any activity carried out at this practice including those not directly employed by the practice e.g. Mental Health professionals, laboratory personnel etc.

2.4 Responsibilities

All staff are responsible for ensuring this policy is followed.

The designated privacy officer for Doctors on Riccarton is Marina Chin

The Privacy Officer is responsible for ensuring that the practice and its entire staff comply with this policy, the Privacy Act 2020 and the HIPC 2020.

Note: Printing this document may make it obsolete. Always check the Policy and Procedure folder for latest version.

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The Privacy Officer shall ensure that all members of staff have received training on the management of health information. The Officer will also ensure that all staff who have access to patient information have signed confidentiality agreements – see appendix 1.

The Privacy Officer will monitor privacy issues and in conjunction with the complaints officer will manage privacy complaints.

2.5 Definitions & Abbreviations

HIPC	Health Information Privacy Code 2020
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2.6 Related Policies

- Implementation of the Code of Health and Disability Service Consumers' rights
- Complaints Policy
- Security of Electronic Health Information Policy

3 POLICY DETAIL AND PROCEDURES

Confidentiality

All staff engaged by Doctors on Riccarton who have access to patient information will sign an Employment or Contractor's with a confidentiality agreement confirming they have read and understand this policy and the requirements of the Privacy Act and HIPC in respect to personal patient information. See appendix 1 for sample Confidentiality Agreement.

Collecting Health Information

Doctors on Riccarton will only collect information that is relevant and required for the purpose of treating an individual, monitoring quality of care provided or administrative purposes.

Wherever possible the information will be obtained directly from the patient. Exceptions include:

- When someone else is authorised to provide the information,
- or when the patient is unable to do so, or
- where compliance would prejudice the safety of any individual.

Patients will be advised that the information is being collected, who will have access to it, why the information is being collected, the consequences of not providing the information and that they have a right to correct the information. The details for this could be provided orally, in a brochure, letter or poster or could be included in the enrolment form.

Health information will be stored for at least 10 years after the last contact with that patient.

Steps will be taken to provide privacy at the reception area for times when personal information is collected. This may include use of background music or television in waiting areas or a private location to help protect personal information.

Security of Information

Health information will be stored securely with safeguards to prevent access by unauthorised people or its loss.

- All computers will have individual user passwords for access to programmes or files containing identifiable personal information or clinical records
- Time activated screen locking will be in place requiring staff to log on after 15 minutes of inactivity

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- Filing cabinets, rooms and other areas used to store personal information will be locked when they are unattended
- Back-up of computer systems will be completed each working day with a data copy maintained off site at all times.
- When required, the destruction of private information will be in a secure manner such as shredder, burning or by an approved document destruction contractor.

Disclosure of Information

All patients can access and correct personal information held about themselves. This includes former patients where information is being retained under the requirements of the Health (Retention of Health Information) Regulations 1996. No fee will be charged for a person wishing to access their medical information.

Health Information will not be disclosed without consent of the patient unless:

- it is to the individual patient concerned (or their authorised representative)
- there is reasonable belief that it is not possible to get such consent and is for the purpose of treatment
- disclosure is one of the reasons for which the information was obtained
- disclosure is required to prevent serious and immediate harm to the individual
- it is to appropriate agencies for suspected child abuse
- disclosure is to the Land Transport Authority when there are serious concerns about an individual's ability to drive without endangering themselves or others
- it is for the purposes of a criminal proceeding
- the individual is dependent on or seeking a drug (Misuse of Drugs Act 1975 and section 49a of Medicines Act 1981). A warning could be displayed in the waiting area advising that information about suspected drug seekers may be disclosed.

Transfer of Health Information

Medical records and other information will only be transferred to another health provider when a written request has been received. If an individual verbally requests a transfer of their records they must sign a form to acknowledge the request. All requests will be scanned into the medical record of that individual.

The transfer should be completed in no more than 10 working days.

Request will be discussed with the appropriate doctor to ascertain whether copies of paper notes are to be retained (noting the requirement to then store the information for up to 10 years).

When medical records are being requested for a new patient, the patient will indicate this on the practice's enrolment form.

If personal information is being disclosed to foreign persons or entities in reliance on listed disclosure exceptions in information privacy principle 11, it will be subject to comparable safeguards to New Zealand's privacy laws.

4 REFERENCES

- Privacy Act 2020
- Health information Privacy Code 2020
- Privacy Commissioner. (2013). *Information Privacy Principles*. Retrieved from Privacy Commissioner: <http://www.privacy.org.nz>
- Health (Retention of Health Information) Regulations 1996

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