

Illawarra Shoalhaven Local Health District Privacy Annual Report 2015-2016

The Illawarra Shoalhaven Local Health District (ISLHD) meets its privacy obligations through appropriate governance and the provision of privacy information. The Privacy Contact Officer monitors compliance with privacy legislation.

ISLHD has taken action in complying with the requirements of the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* by:

- NSW privacy legislation
- NSW Health privacy policies
- Provision of privacy awareness at new staff orientation
- Provision of privacy training, which is available to staff on-line as annual mandatory training

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

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 Illawarra Shoalhaven facilities and services.

Operational privacy issues and privacy complaints are addressed as required through the existing complaints handling processes.

Actions have been undertaken by ISLHD resulting from the complaints, including review of policies and practices, staff counselling and further training.

Privacy Internal Review

During 2015-2016, ISLHD received no applications for Internal Review.

Privacy Breaches

When ISLHD identifies an alleged privacy breach, the matter is investigated and if substantiated, recommendations are made to prevent similar matters from occurring in the future.

During 2015-2016, the District Privacy Contact Officer identified the following breaches of privacy via complaints, internal systems and processes. The nature of these matters and outcomes are as follows:

- **Date received:** 19 April 2016
Details: A complaint was received in regard to a staff member accessing the patient files of an ex-partner in 2015. An eMR report was requested and the allegations were substantiated. The staff member was counselled by the relevant hospital Executive Officer. Feedback was provide to the complainant and he/she was comfortable with the outcome.

- **Date received:** 3 May 2016
Details: A complaint was received in regard to a staff member allegedly accessing the patient files of a neighbour's father in-law in 1999 and son in 2016. An eMR report was requested for the 2016 incident and no evidence was found of any access by the staff member to the clinical record. The allegations regarding the alleged breach in 1999 were not able to be substantiated. Feedback was provide to the complainant and he/she was comfortable with the outcome.

- **Date received:** 9 June 2016
Details: A request to investigate was received in relation to a staff member's personal health information being disclosed to the media by a member or members of the facility where the individual had been receiving treatment as an inpatient. This is now a legal case being managed by external bodies and not the Privacy Contact Officer.