# CITY WEST MEDICAL CENTRE

Ground Floor, 39 Queen Street, AUBURN NSW 2144 MAILING ADDRESS: PO BOX 116 AUBURN NSW 1835 PH: 02 9646-9900 FAX: 02 9649-5256

# PRIVACY POLICY Current as of: FEB 2018

### INTRODUCTION

This privacy policy is to provide information to you, our patient, on how your personal information (which includes your health information) is collected and used within our practice, and the circumstances in which we may share it with third parties.

#### WHY AND WHEN YOUR CONSENT IS NECESSARY

When you register as a patient of our practice, you provide consent for our GPs and practice staff to access and use your personal informations of they can provide you with the best possible healthcare. Only staff who need to see your personal information will have access to it. If we need to use your information for anything else, we will seek additional consent from you to do this. Why do we collect, use, hold and share your personal information?

Our practice will need to collect your personal information to provide healthcare services to you. Our main purpose for collecting, using, holding and sharing your personal information is to manage your health. We also use it for directly related business a ctivities, such as financial claims and payments, practice audits and accreditation, and business processes (eg staff training).

#### WHAT PERSONAL INFORMATION DO WE COLLECT?

The information we will collect about you includes:

- names, date of birth, addresses, contact details
- medical information including medical history, medications, allergies, adverse events, immunisations, social history, family history and risk factors
- Medicare number (where available) for identification and claiming purposes
- healthcareidentifiers
- health fund details.

#### DEALING WITH US ANONYMOUSLY

You have the right to deal with us a nonymously or under a pseudonym unless it is impracticable for us to do so or unless we are required or authorised by law to only deal with identified individuals.

#### HOW DO WE COLLECT YOUR PERSONAL INFORMATION?

Our practice will collect your personal information:

- 1. When you make your first appointment our practice staff will collect your personal and demographic information via your registration.
- 2. During the course of providing medical services, we may collect further personal information.
- 3. In some circumstances personal information may also be collected from other sources. Often this is because it is not practical or reasonable to collect it from you directly. This may include information from:
  - your guardian or responsible person
  - other involved healthcare providers, such as specialists, allied health professionals, hospitals, community health services and pathology and diagnostic imaging services
  - your health fund, Medicare, or the Department of Veteran's Affairs (as necessary).

## WHO DO WE SHARE YOUR PERSONAL INFORMATION WITH?

We sometimes share your personal information:

- with third parties who work with our practice for business purposes, such as accreditation agencies or information technology providers – these third parties are required to comply with APPs and this policy
- with other healthcare providers
- when it is required or authorised by law (eg court subpoenas)
- when it is necessary to lessen or prevent a serious threat to a patient's life, health or safety or public health or safety, or it is impractical to obtain the patient's consent
- to assist in locating a missing person
- to establish, exercise or defend an equitable claim
- for the purpose of confidential dispute resolution process
- when there is a statutory requirement to share certain personal information (eg some diseases require mandatory notification)
- during the course of providing medical services, through Electronic Transfer of Prescriptions (eTP), MyHealth Record/PCEHR system (eg via Shared Health Summary, Event Summary).

• Only people that need to access your information will be able to do so. Other than in the course of providing medical services or as otherwise described in this policy, our practice will not share personal information with any third party without your consent.

We will not share your personal information with anyone outside Australia (unless under exceptional circumstances that are permitted by law) without your consent.

Our practice will not use your personal information for marketing any of our goods or services directly to you without your express consent. If you do consent, you may opt-out of direct marketing at any time by notifying our practice in writing.

### HOW DO WE STORE AND PROTECT YOUR PERSONAL INFORMATION?

Your personal information may be stored at our practice in various forms. These may include in the form eg as paper records, as electronic records, as visual (X-rays, CT scans, videos and photos), as audio recordings.

Our practice stores all personal information securely: the following systems are used: Password protection, Firewall and antivirus protection, Confidentiality agreements for staff.

# HOW CAN YOU ACCESS AND CORRECT YOUR PERSONAL INFORMATION AT OUR PRACTICE?

You have the right to request access to, and correction of, your personal information.

Our practice acknowledges patients may request access to their medical records. We require you to put this request in writing either send by mail or give your request to staff at reception and our practice will respond within a reasonable time (30 days is generally considered reasonable).

There will be a fee associated with this request. An invoice will be mailed to the requesting person. Our practice will takes reasonable steps to correct your personal information where the information is not accurate or up-to-date. From time-to-time, we will askyou to verify your personal information held by our practice is correct and up-to-date. You may also request that we correct or update your information, and you should make such requests in writing to the Practice Manager at PO BOX 116 AUBURN NSW 1835.

# HOW CAN YOU LODGE A PRIVACY RELATED COMPLAINT, AND HOW WILL THE COMPLAINT BE HANDLED AT OUR PRACTICE?

We take complaints and concerns regarding privacy seriously. You should express any privacy concerns you may have in writing. We will then attempt to resolve it in accordance with our resolution procedure. We will endeavour to respond to your complaint within 30 days of receipt.

Please send all complaints to: City West Medical Centre Attention: Practice Manager

PO BOX 116 AUBURN NSW 1835

You may also contact the OAIC. Generally the OAIC will require you to give them time to respond, before they will investigate. For further information visit  $\underline{www.oaic.gov.au}$  or call the OAIC on 1300 336 002.

 $Health\,Care\,Complaints\,Commission$ 

Email: hccc@hccc.nsw.gov.au

Mail: Locked Mail Bag 18 STRAWBERRY HILLS NSW 2012

PH: 1800 043 159

**AHPRA** 

Website: www.ahpra.gov.au

Mail: GPO BOX 9958 SYDNEY NSW 2001

PH: 1300 419 495

## Policy review statement

This privacy policy will be reviewed regularly to ensure it is in accordance with any changes that may occur. Please ask the reception staff for information regarding any updates.