

North Eastern Urology (**Practice**) takes your privacy seriously. Privacy protection and confidentiality of health information is essential for quality health care and we are committed to protecting the privacy and confidentiality of the information we handle about you.

This policy explains:

- how we collect, store, use and disclose your personal information;
- how you may access your personal information;
- how we protect the quality and security of your personal information;
- how you may seek correction of any personal information we hold; and
- how you may make a complaint about our handling of your personal information.

In addition to our professional and ethical obligations, at a minimum, our Practice handles your personal information in accordance with federal and state privacy law. This includes complying with the federal Australian Privacy Principles (**APPs**) forming part of the *Privacy Act 1998 (Cth)* and the Victorian Health Privacy Principles (**HPPs**) forming part of the *Health Records Act 2001 (Vic)*.

More information about the APPs and HPPs can be found on the Australian Information Commissioner's website www.oaic.gov.au or in hard copy on request from our Practice reception.

Collection of information

The Practice collects and holds personal information about you so that we may properly assess, diagnose, treat and be proactive in your health care needs.

The type of personal information we collect may include:

- personal details (name, address, date of birth, Medicare number);
- your medical history;
- notes made during the course of a medical consultation;
- referral to other health services providers;
- results and reports received from other health service providers; and
- credit card or direct debit information for billing purposes.

Wherever practicable we will collect this information from you personally - either at the Practice, over the phone, via written correspondence or via internet if you transact with us online.

In some instances we may need to collect information about you from other sources such as referring doctors, treating specialists, pathology, radiology, hospitals or other health care providers.

In an emergency, we may collect information from your immediate family, friends or carers.

Use and disclosure

Your personal information will only be used or disclosed for purposes directly related to providing you with quality health care, or in ways you would reasonably expect us to use it in order to provide you with this service.

This includes use or disclosure:

- to the professional team directly involved in your health care, including treating doctors, pathology services, radiology services and other specialists outside this medical practice. For example, this may occur through referral to other doctors when requesting medical tests or in the report or result returned to us following the referrals;
- to the Practice's administrative staff for billing and other administrative tasks necessary to run our practice. Our staff are trained in the handling of personal information in accordance with the *Practice Privacy Policy*;
- to your health insurance fund, Medicare or other organisations responsible for the financial aspects of your care;
- where required by law, for example, pursuant to a subpoena;
- to insurers or lawyers for the defence of a medical claim; and/or
- to assist with training and education of other health care professionals.

If you do not wish for your information to be used for training of health professionals, please inform the reception staff.

Our practice does not intend to disclose your personal information to overseas recipients.

Information Quality

We aim to ensure the information we hold about you is accurate, complete, up to date and relevant. To this end our staff may ask you to confirm that your personal details are correct when you attend a consultation. Please let us know if any of the information we hold about you is incorrect or not up to date.

Storage

Our Practice takes all reasonable steps to protect the security of the personal information we hold, by:

- securing our premises;
- using passwords on all electronic systems and databases and varying access levels to protect electronic information from unauthorised interference, access, modification or disclosure; and
- storing hard copy records in secure filing cabinets or rooms that are accessible only to Practice staff.

Access to your personal information

Under law you have a right to access personal information we hold about you. Please contact our Practice Manager for more information on our *Access to Medical Records Policy*.

We ask that you put your request in writing. A fee for the retrieval and copying of your medical record will apply, charged in accordance with the schedule of fees specified in the *Health Records Regulations 2008* (Vic), plus GST. This fee is not redeemable through Medicare.

Amendment of your personal information

If you consider the information we hold about you is not correct, please contact the Practice in writing. You have the right to have any incorrect information corrected.

What happens if you choose to withhold your personal information?

You are not obliged to give us your personal information. However, if you choose not to provide the Practice with the personal details requested, it may limit our ability to provide you with full service. We encourage you to discuss your concerns with our reception staff prior to your first consultation or with your doctor.

What about use of personal information for direct marketing?

Australian privacy law limits the use of personal information for direct marketing of goods and services. We do not use your personal information for direct marketing.

What should I do if I have a privacy complaint?

If you have a complaint regarding the way your personal information has been handled by our Practice, please put it in writing and address it to the practice manager (insert details). We will acknowledge receipt of your complaint within 14 days, and endeavour to provide a full response within 30 days of receipt.

Should you be dissatisfied with our response, you may lodge your written complaint with the Victorian Privacy Commissioner at <https://www.privacy.vic.gov.au> and/or the Victorian Health Services Commissioner at <http://www.health.vic.gov.au>.

If you have a query regarding our Practice's privacy policy, please contact our practice manager who will be happy to discuss the matter with you.

ACCESS TO PERSONAL INFORMATION POLICY

Under the *Privacy Act 1988* (Cth) and the *Health Records Act 2001* (Vic), you have a legal right to access the personal information North Eastern Urology (**Practice**) holds about you (such as your medical record), subject to some exceptions.

Access Fees

The Practice is entitled to charge an appropriate fee, determined in accordance with the *Health Records Regulations 2002* (Vic), plus GST, to cover the administrative costs of this service. Our reception will advise you of the applicable fee, which is not redeemable under Medicare or private health insurance.

How do I request Access to my Personal Information?

Patients who wish to access or obtain a copy of their personal information should put their request in writing using the attached *Request to Access Personal Information Form*, and submit the form to our Practice reception. All requests will be acknowledged in writing within 14 days of receipt of the request.

Ordinarily, access to the requested information will be provided within 30 days.

How will Access be Provided?

Access may be provided by:

- inspecting your medical record (or a print out of your record) at the Practice.; and/or
- providing a copy of the requested information in person or via secure email or post (additional fees for postage may apply); or
- providing an accurate summary of the information, instead of a copy, if you and the doctor agree that a summary is appropriate.

We recommend that you make an appointment with your doctor to view your medical record together, so the doctor can assist you to understand and interpret the material contained within it. A consultation fee will apply in addition to the administration fee, plus GST. The fee is not redeemable via Medicare or private health insurance.

Can I Amend my Medical Record?

You will not be permitted to remove any contents of your medical record from the Practice. Should you wish to amend or delete any personal information, you will need to fill out a separate written request using the *Request to Amend Medical Record Form* available from reception.

When will Access to My Medical Record be Refused?

Access to your personal information may be legitimately withheld in certain situations, including (among others):

- where access would pose a serious threat to the life, health or safety of any individual or the public;
- where access would cause unreasonable impact on the privacy of other individuals;
- where the request is frivolous or vexatious; or
- where the information is privileged as a result of actual or anticipated legal proceedings.

If access to your personal information is refused, the Practice will provide you with written reasons for the refusal. You will not be charged an access fee in this instance. If access is refused, you are welcome to contact the Practice to discuss means by which access may be facilitated.

If you have any queries regarding the above policy, please contact the Practice Manager who will be happy to discuss these with you.

REQUEST TO ACCESS MEDICAL RECORDS FORM

I, _____ of _____
insert patient name *address*

(please tick one)

request access to; or

give consent for _____ to access

the documents listed on the following page, in **Table A**.

I have been advised of the applicable administration fee for this service, charged in accordance *Health Records Regulations 2002 (Vic)*, which is not redeemable via Medicare.

I understand the Practice may request I attend a consultation with my doctor to discuss the information contained in my medical record. In this instance, a consultation fee will apply which is not redeemable via Medicare.

I understand I will not be permitted to remove, amend or delete any contents from my medical record. If I wish to make any amendments or deletions, I must submit a request in writing to the Practice using the *Request to Amend Medical Record Form*.

I understand I am permitted to obtain copies of some or all of the contents of my medical record. Copies may not be available immediately at the time of inspection but will be made available to me as soon as practicable after the inspection.

Table A - List of requested documents

entire medical record;

or

all documents relating to the diagnosis/treatment of the following condition/s;

(please briefly describe condition/s)

1. _____
2. _____
3. _____
4. _____
5. _____

and/or

the following documents:

(please describe documents requested)

1. _____
2. _____
3. _____
4. _____
5. _____

Signed

Patient or parent/guardian of patient

Date

Please fill out below, if applicable

Signature of person authorised to be given access to patient's medical record

Date

REQUEST TO AMEND MEDICAL RECORDS FORM

I, _____ of _____
insert patient name *address*

request to amend my medical record held by North Eastern Urology (**Practice**) as described in **Table A**, below.

I understand the Practice has the right to request me to attend a consultation with my doctor to discuss my medical record. I have been advised of the applicable fees for this service and that the fee will not be redeemable via Medicare.

I understand that the Practice has the right to refuse my request if the Practice is satisfied that the information contained in my medical record is not incomplete, incorrect, irrelevant, out of date or misleading, or if the requested amendment contains information that is incorrect or misleading. The reasons for any refusal will be provided to me by the Practice in writing.

If I am dissatisfied with the way my personal information has been handled, I may lodge a complaint addressed to the Practice Manager which will be dealt with according to the Practice's compliant handling process.

Signed _____
Patient or parent/guardian of patient

Date _____

Table A - Description of requested amendment/s:

LETTER ACKNOWLEDGING RECEIPT OF REQUEST FOR ACCESS TO MEDICAL RECORD

North Eastern Urology
Suite 2/210 Burgundy Street
Heidelberg Vic 3084

[DATE]

Dear [INSERT NAME OF PATIENT],

Thank you for submitting your request to access personal information held North Eastern Urology, dated [INSERT DATE OF REQUEST].

We received your request on [INSERT DATE REQUEST RECIEVED]. We will contact you shortly to discuss how access may be provided and to inform you of the applicable fee, which will be charged in accordance the *Health Records Regulations 2002* (Vic). Normally, access will be provided within 30 days of receipt of request.

If we are not able to provide you with access to your record, we will provide you with the reasons for refusal in writing. No fee will apply in this circumstance.

If you have any queries, please contact our Practice Manager-Josie Curatolo, who will be happy to discuss these with you.

Yours sincerely,

Josie Curatolo

Practice Manager
North Eastern Urology