

**Information Technology & Telecommunications**  
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## Privacy Management Annual Report 2015-2016

Hunter New England Health continues to meet its privacy obligations through appropriate governance and the provision of privacy information, training and support to staff. Oversight for monitoring compliance with privacy legislations continues to be provided by the Chief Information Officer, specifically through the Privacy Contact Officer.

Hunter New England Health provides ongoing privacy information and support to its staff through :-

- A privacy intranet website which provides all staff with access to:
  - NSW privacy legislation
  - NSW Health privacy policies (Privacy Management Plan and Privacy Manual)
  - Local Fact Sheets
  - FAQ's
  - External resources including Privacy and Information Commissioners
- Provision of privacy awareness at new staff orientation
- Provision of privacy training, available as either an online or face to face training programs
- Online privacy training is mandatory for all Hunter New England Health employees.
- Access to privacy information posters and patient information brochures, a copy of which is issued to all patients/clients attending a Hunter New England Health facility.

Hunter New England Health's Privacy Contact Officer has 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 health information. The Privacy Contact Officer also attended privacy information and network sessions during 2015-2016 which were facilitated by the NSW Ministry of Health Privacy Officer.

Privacy information is provided to consumers/individuals through an Information Privacy internet site at <http://www.hnehealth.nsw.gov.au/privacy>

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 Hunter New England Health resulting from these complaints, including, review of policies, practices and staff training. These processes have extended beyond the areas of the specific complaint.

### 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'.

Matters carried over from 2014-2015.

1. There were no privacy matters carried over from this period.

During 2015-2016, Hunter New England Health received four new applications for Internal Review.

1. Application 15/03 for internal review was received on 10 September, 2015, alleging a breach of HPP 7 Access to Personal Health Information principle. The internal review concluded that there was not a breach of HPP 7 as clinical staff reached a conclusion that release of the health information may pose a threat to the life or health of the applicant. Agreement was reached however, to release health information in various stages to the applicant's GP so that consultation could occur about the information that was documented in the applicant's health care record. Both the applicant and treating clinicians agreed with this outcome. No further action was taken by the applicant.
2. Application 15/04 for Internal Review was received on 01 October, 2015 alleging a breach of HPP's 2, 3, 4 (Collection principles), 8 (Amendment principle), 9 (Accuracy principle), 10 (Use principle) and 11 (Disclosure principle). The Internal Review concluded that a breach of HPP's 2, 3, 4, 8, 9, 10 and 11 had not occurred and recommended that no further action be taken in this matter. No further action was taken by the applicant.
3. Application 16/01 for internal review was received 18 March, 2016 alleging a breach of HPP 5 (Security principle) and HPP 11 (Disclosure principle). The Internal Review concluded that a breach of HPP 5 did occur as there was unauthorised access to the health information of both the applicant and a family member. A breach of the disclosure principle, HPP 11 was also confirmed. The offending staff member was appropriately disciplined. A letter of apology was sent to, and accepted by, the applicant and the family member. No further action was taken by the applicant or the family member.
4. Application 16/02 for internal review was received 19 October, 2015 alleging a breach of HPP's 5 (Security principle) and HPP 11 (Disclosure principle). The Internal Review concluded that a breach of the Security principle did occur but there was no evidence to confirm a breach of the disclosure principle. The applicant was dissatisfied with this outcome and referred the matter to NSW Civil & Administrative Tribunal. The matter was settled following payment of compensation to the applicant. The applicant signed a deed of release following receipt of compensation. The offending staff members were appropriately disciplined.



**Greg Jackson**  
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