

HOSPITAL STREET DOCTORS

Privacy Policy



Date: 11 September 2024

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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 information so 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 activities, such as financial claims and payments, practice audits and accreditation, and business processes (eg staff training).

The Definition of a Patient Health Record

- Our practice has an individual patient health record for each patient, which contains all health information held by our practice about that patient.
- Our active patient health records contain, for each active patient, their identification details, contact details, demographic, next of kin, and emergency contact information.
- Our patient health records include records of consultations and clinical related communications.
- Our patient health records show that matters raised in previous consultations are followed up.
- Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health record.
- Our practice routinely records the cultural backgrounds of our patients in their patient health record, where relevant.
- Our patient health records contain, for each active patient, lifestyle risk factors.

Content of Patient Health Records

Patient health records will be updated as soon as practicable during or after consultations and home and other visits. The record must identify the person in the clinical team making the entry.

All patient health records, including scans of external reports, must be legible so that another practitioner could take over the care of the patient. Consultation notes must contain the following information:

- Date of consultation.
- Who conducted the consultation (eg by initials in the notes, or by audit trail in an electronic record).

- Method of communication (eg face to face, email, telephone or other electronic means).
- Patient's reason for consultation.
- Relevant clinical findings including history, examinations and investigations.
- Allergies.
- Diagnosis (if appropriate).
- Recommended management plan and, where appropriate, expected process of review.
- Any medicines prescribed for the patient (including the name, strength, directions for use, dose, frequency, number of repeats and date on which the patient started/ceased/changed the medication).
- Patient consent for the presence of a third party brought in by the practice (eg a medical student).
- Record of patient emails (if applicable).
- When available, use consistent coding of diagnoses. Choose the most appropriate diagnosis from a recognised clinical terminology (one of these is supplied with every electronic clinical record package) in the consultation notes so that continuous improvement of clinical care and patient outcomes can be achieved.

Other information may be included in the patient health record, such as:

- Any referrals to other healthcare providers or health services.
- Medicines the patient takes that were not prescribed or advised by the practice.
- Complementary and over-the-counter medicines (because many people now take complementary and over-the-counter medicines that may react adversely with conventional medicines, you could document the patient's use of these as you would other medicines, whether prescribed by a member of the clinical team or reported by the patient).
- Any relevant preventive care information collected, such as currency of immunisations, blood pressure, waist measurement, height and weight (body mass index).
- Immunisations.
- An advance care plan.
- The presence of a third party brought in by the patient (eg carer).
- Any special advice or other instructions given to the patient.

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 healthcare identifiers.
- Health fund details.

Dealing with us Anonymously

You have the right to deal with us anonymously 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:

- When you make your first appointment our practice staff will collect your personal and demographic information via your registration.

- During the course of providing medical services, we may collect further personal information. This may be collected through your My Health Record and electronic script transfers (MedAdvisor, eRx)
- We may also collect your personal information when you visit our website, send us an email or SMS, telephone us, make an online appointment or communicate with us using social media.

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 (MedAdvisor/ eRX), 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.

Use of Scribing Software during Consultations

At times we may use medical grade scribing software (I-scribe) to assist with note taking, with your consent. If this is used, you will be informed for your consent.

These AI-generated notes will be reviewed and amended the doctor. Amendments may include incorporating examination findings, including negative findings, test results, non-verbal information, unsaid thoughts, potential differential diagnoses and identifying patient information. The AI scribe tool can also generate other documents such as a summary letter or treatment plan, referral letters, or a discharge summary.

Disclosure from I-scribe

I-scribe complies with the Privacy Act and Australian Privacy Principles (APPs), ensuring that all personal information is handled with the utmost care and security.

Data is captured in digital recording format and transcribed into structured note formats compatible with medical record systems. No audio recording is ever kept.

Data is stored in secure cloud servers (Microsoft Azure) located in Australia, with robust backup systems in place to ensure data integrity and availability.

How do we Store and Protect your Personal Information?

Your personal information may be stored at our practice in various forms.

Most of your information will be stored electronically, but occasionally we may have Xray or CT scans. Our practice stores all personal information securely.

Our electronic records are securely stored, requiring password protection on a number of levels. All staff and contractors are required to sign confidentiality agreements.

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. This can be done in person, posted or electronically sent and our practice will respond within 30 days. Charges will apply as per *Health Records Regulations 2012*.

Our practice will take reasonable steps to correct your personal information where the information is not accurate or up-to-date. From time-to-time, we will ask you 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 adm@hospitalstreetdoctors.com.au.

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. You may contact us by mail at 62 Vermont Street Wodonga 3690, by phone on 02 60561166 or by email at admin@hospitalstreetdoctors.com.au. Any complaints will be dealt with within 30 days.

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 www.oaic.gov.au or call the OAIC on 1300 336 002.

Privacy and our Website

We do not collect or use any personal information on visitors to our website, through the use of "cookies" or other software or hardware techniques. We may look at the number of hits the website receives.

Third Party Sites

Our site has links to other websites not owned or controlled by us. We are not responsible for these sites or the consequences of you going on to those sites.

Policy Review Statement

This policy will be reviewed annually to ensure it is in accordance with any changes that may occur. Any changes will be notified on our website.