

PRACTICE PRIVACY POLICY

1. Purpose

- 1.1 This policy outlines how Central Clinic manages personal and health information in accordance with the Australian Privacy Principles (APPs) under the Privacy Act 1988 and the requirements of the RACGP Standards for General Practices (5th edition).
- 1.2 The Practice is committed to protecting the privacy, confidentiality, and security of all patient and staff information.

2. Scope

- 2.1 This This policy applies to:
 - All employees, contractors, and clinicians (including GP's as independent practitioners)
 - All patient personal and health information held by the Practice.

3. Definitions

- 3.1 The following definitions are used throughout this policy:
 - **Personal Information:** Information that identifies an individual.
 - **Health Information:** Sensitive information relating to a person's health, treatment, or genetic data.
 - **Use:** Handling information within the Practice.
 - **Disclosure:** Sharing information outside the Practice.

4. Collection of Personal and Health Information (APP 3 & 5)

4.1 What We Collect

- The Practice collects information necessary to provide safe and effective care, including:
 - Identification details (name, DOB, address, contact details).
 - Medicare and health fund information.
 - Medical history, medications, allergies, immunisations.
 - Family and social history.
 - Aboriginal and Torres Strait Islander status (where relevant to care).
 - Clinical notes, test results, imaging.

4.2 How We Collect Information

- Information is collected through:
 - Patient registration forms.
 - Consultations and clinical interactions.
 - Referrals and reports from other providers.
 - Electronic systems (e.g., My Health Record where applicable).

4.3 Collection Statement

- At the time of collection, patients are informed of:
 - Why information is collected.
 - How it will be used and disclosed.
 - The consequences of not providing information.
 - How to access and correct their information.

5. Consent

- 5.1 Consent is obtained at or before the first consultation.
- 5.2 Consent may be implied or express, depending on circumstances.
- 5.3 Express consent is obtained where required (e.g., sharing identifiable data for non-clinical purposes).
- 5.4 Patients may withdraw consent, subject to legal and clinical limitations.

6. Use and Disclosure (APP 6)

6.1 Primary Purpose

- Information is used to:
 - Provide diagnosis, treatment, and ongoing care.
 - Manage appointments and clinical administration.

6.2 Secondary Purposes

- Information may be used or disclosed for:
 - Communication with other healthcare providers involved in care.
 - Billing (e.g., Medicare, private health insurers).
 - Legal obligations (e.g., mandatory reporting).
 - Quality improvement and clinical audit (as permitted under the Privacy Act).
- Separate consent is obtained where required, such as for identifiable research.

6.3 Disclosure to Third Parties

- Information may be disclosed to:
 - Specialists, allied health, hospitals.
 - Pathology and imaging providers.
 - Government bodies where required by law.
 - Medical indemnity insurers.
- The Practice takes reasonable steps to ensure third parties handle information appropriately.

7. Data Quality and Accuracy (APP 10)

7.1 The Practice takes reasonable steps to ensure information is:

- Accurate.
- Complete.
- Up to date.

7.2 Patients are encouraged to inform the Practice of any changes.

8. Data Security (APP 11)

8.1 The Practice implements safeguards including:

- Role-based access controls.
- Password-protected clinical systems.
- Secure storage of paper records.
- Data backup and recovery processes.
- Staff confidentiality agreements.

8.2 Access to information is limited to what is necessary for each role.

9. Access and Correction (APP 12 & 13)

9.1 Access

- Patients may request access to their health information:
 - Requests must be made in writing.
 - Access will be provided within a reasonable timeframe.
 - Fees may apply in line with legislation.

9.2 Correction

- Patients may request corrections:
 - Corrections are made where appropriate.
 - If not amended, a statement may be added to the record.

10. Notifiable Data Breaches (NDB Scheme)

10.1 In accordance with the Office of the Australian Information Commissioner:

10.2 Definition

- A data breach occurs when personal information is:
 - Lost.
 - Accessed without authorization.
 - Disclosed improperly.

10.3 Procedure

1. Identify and contain the breach.
2. Assess risk of serious harm.
3. Notify affected individuals if required.
4. Notify the OAIC where required.
5. Implement corrective actions.

10.4 All breaches are recorded in the Central Clinic Adverse Event Register.

11. Anonymous or Limited Identification Options (APP 2)

11.1 Where lawful and practicable, patients may interact anonymously or using a pseudonym. However, this may limit the Practice's ability to provide care.

12. Overseas Disclosure (APP 8)

12.1 Where information is disclosed overseas (e.g., cloud storage providers), the Practice takes reasonable steps to ensure compliance with APPs.

13. Website and Digital Privacy

13.1 The Practice website may collect limited information (e.g., cookies, analytics). Personal information submitted online is handled in accordance with this policy.

14. Patient Communication

14.1 Patients are informed of this policy through:

- Reception signage.
- New patient registration forms.
- Practice website.
- Verbal explanation where appropriate.

14.2 A copy of this policy is available on request.

15. Staff Responsibilities

15.1 All staff and contractors must:

- Comply with this policy.
- Maintain confidentiality.
- Undertake privacy training.
- Report suspected breaches immediately.

16. Complaints

16.1 Patients may make a privacy complaint by contacting the Practice.

16.2 If unresolved, complaints can be escalated to the Office of the Australian Information Commissioner (OAIC).

17. Review and Governance

- 17.1 This policy is reviewed at least annually or following legislative changes.
- 17.2 Compliance is monitored as part of accreditation and quality improvement processes under the RACGP Standards for General Practices (5th edition).

Policy Effective Date: 21 Apr 2026
Policy Review Date: 01 Jul 2027