

Headway Gippsland Inc. has a legal obligation to disclose personal information to the government or under health regulations, or where such disclosure is permitted by law, including under privacy laws.

This policy document is available on the staff portal or available at the request of participants.

#### **Collection of Personal Information:**

To provide our service and conduct business, we are required to collect a range of personal information. We primarily collect information to assess, plan and manage participant's needs in providing services to them. If a participant provides incomplete or inaccurate information to us, we may not be able to provide them with the services they require.

#### **Definitions:**

Privacy breach	A <b>privacy breach</b> refers to an incident where personal or sensitive information is accessed, disclosed, or used in ways that violate privacy rights or laws
Cyber breach (Information and Communications technology)	A <b>cyber breach</b> refers to a security incident in which an unauthorized party gains access to a computer system, network, or digital data. It often results in the exposure, theft, alteration, or destruction of sensitive information.
ICT breach	A <b>ICT breach</b> refers to a security incident involving <b>Information and Communication</b> <b>Technology</b> systems, where unauthorized access, disruption, misuse, or damage occurs to digital assets such as data, networks, software, or hardware.
Notifiable data breach	A <b>Notifiable Data Breach (NDB)</b> is a specific type of data breach that meets certain criteria requiring it to be formally reported to both affected individuals and a regulatory authority.
Serious Harm	<b>Serious harm</b> refers to the significant negative impact that can result from a data breach, particularly when personal or sensitive information is involved. It goes beyond minor inconvenience and can affect an individual's physical, emotional, financial, or reputational well-being.
Remedial action	<b>Remedial action</b> refers to the steps taken to correct, mitigate, or manage the effects of a problem or incident—especially following a breach, failure, or non-compliance—in order to prevent further harm and restore normal operations.



Data breach statement:	A <b>Data Breach Statement</b> is a formal notice or report issued by an organization to inform affected individuals and/or regulatory authorities about a <b>data breach</b> —outlining the nature of the breach, the information involved, the potential risks, and the actions being taken in response.
Office of the Australian Information Commissioner.	The Office of the Australian Information Commissioner (OAIC) is an independent government agency responsible for privacy, freedom of information, and information policy in Australia.
Personal information	<ul> <li>Personal information refers to any information or opinion about an identified individual, or an individual who is reasonably identifiable— whether the information is true or not, and whether it is recorded in a material form or not.</li> <li>Examples of Personal Information <ul> <li>Name, address, or phone number</li> <li>Date of birth or age</li> <li>Email address</li> <li>Driver's license or passport number</li> <li>Photographs or video where a person is identifiable</li> <li>IP addresses and device identifiers (in some contexts)</li> <li>Sensitive opinions about a person (e.g., performance reviews)</li> </ul> </li> </ul>

# Participants:

If a participant receives our services, we may need to collect personal and medical information about client status, occupational health and safety, work processes, and other relevant information. The information from clients is only used for the purpose for which it was collected in connection with the delivery of services.

### Staff:

We need to collect personal details from staff, including but not limited to name, address, contact details, qualifications, banking details, study, visa/residency status, Working with Children's Check and NDIS Worker Screening Check. In some cases, we must also collect health information about a person's health or disability. We use information collected from staff only in connection with the delivery of service.

### Family & Friends:



We need to collect next-of-kin details from participants. We use this information when they are the nominated contact.

Sometimes we are legally required to collect personal information, including where there is a threat to public health, or in connection with the monitoring of health services provided by Headway Gippsland Inc. Our use of personal information in such instances will be in accordance with our obligations under applicable privacy and health acts.

Although Headway Gippsland Inc. primarily collects personal information to assist participants' needs in providing our service to them, we may also collect, use and disclose personal information about participants for other related purposes, such as:

- To meet government and regulatory requirements in relation to activities such as quality assurance, compliance issues and complaint management.
- For invoicing, billing and account management.

#### **Use & Disclosure:**

Headway Gippsland Inc. may at times disclose personal information about participants where it is necessary to deliver services. We will not rent, trade or sell personal information about participants to third parties. Personal information may only be disclosed outside of Headway Gippsland Inc. in circumstances where:

- Participants have consented to the disclosure, and
- Disclosure is in accordance with the purpose for which we collected the information.

To meet service needs Headway Gippsland Inc. may be required to discuss a participant's personal information with other agencies or service providers. Should this be required the participant's consent to share information will be acquired using the Consent to release of confidential information form.

Headway Gippsland Inc. has a legal obligation to disclose personal information, such as to government or under health regulations, or where such disclosure is permitted by law, including under privacy laws.

### **Security of Personal Information:**

Headway Gippsland Inc. takes all reasonable steps to safeguard the security of personal information we have collected and hold. We may store personal information electronically on our computer database and/or in hard copy documents kept at our premises.

We have procedures in place to protect personal information from unauthorised access, use, modification, or disclosure. Headway Gippsland Inc. staff who handle personal information have a duty to protect that information and are granted access to personal information on a 'need to know' basis.

Headway Gippsland Inc. ensures that personal information no longer required is destroyed appropriately.

### Data Breach Plan:

Key points:



- A Privacy breach must be reported to the Department of Health and Human Services within one working day.
- A privacy breach that impacts a client's safety and wellbeing may need to be reported as a client incident under NDIS as well as through a privacy incident report.
- A Notifiable data breach defined above: must also be reported to the OAIC. The report must have within it a Data breach statement and action plan.
- If a breach occurs externally via another provider consult with the provider to determine where the breach occurred.
- Management of staff involved in a data breach will be managed in line with Human Resource process.

Data Breach Response Team	Responsibilities	
Staff Member	Reports any privacy concern to their manager or most senior person on duty as soon as possible.	
Manager	Take detailed notes of the incident.	
	If it is an ICT issue, alert Edcomp I T Services.	
	Determine whether the incident requires notification to the CEO e.g., is serious harm likely to occur and how the breach can be contained.	
	Determine how long the incident took to be uncovered. The longer the information has been exposed the greater the risk of harm.	
	Staff performance management (if required) can only be conducted by Headway Gippsland Inc. CEO.	
CEO	Notify the participant/participants about the breach and provide support as required.	
	Notify the police as required for example a physical breach.	
	Complete NDIS report as required.	
	Complete date breach report to Office of the Australian Information Commissioner as required.	
	Notify the NDIS as required.	
	Report to the Board of Management.	
	Ensure review of the Data Breach plan occurs as part of internal audit.	
	Implement actions following review of a breach for example procedure review, staff training.	

Process for reporting a data breach:



Board of	Review and assessment of the data breach response and the effectiveness	
Management	of the data breach response plan.	

## Examples of Privacy Breaches & Privacy Risks:

- Staff conversations that are overheard via a third party that could reasonably identify a client
- Leaving behind documentation at case conferences or meetings that hold participants' information or business information
- Sending an email to the wrong recipient
- Accessing information that a worker does not have a need to know
- Handing the wrong documentation to an individual
- Disclosing information about a client to a third party without their consent (unless under other legalisation such as the best interest of the child or FV information sharing, harm to the client, harm to others, etc.)
- Leaving information on desks where contractors or other individuals can see it.
- Leaving the computer screen visible containing client information that third parties can see.
- Loss of ICT (Information and Communication Technologies) device
- Saving documents to the desktop and not the server
- Publishing of a photograph without written/verbal consent.
- Server being hacked or getting a virus
- Contractors being present and exposed to confidential information
- File cabinets not being locked
- Documentation being transported without a manilla folder
- Worker sending confidential information to their personal Hotmail, Gmail, etc. accounts
- Sharing of computer passwords
- Passwords being left in a visible place

#### Access & Correction:

Staff and participants have a right to request access to personal information that Headway Gippsland Inc. holds about them and to update or change personal information about them if it is inaccurate, incomplete or outdated.

If a staff member or participant wishes to exercise their right to seek access to the personal information that Headway Gippsland Inc. holds about them; they must contact HR Department at the Morwell office (03) 5127 7166 or by emailing <u>hr@headwaygippsland.org.au</u>. A request for access to personal information must be made in writing stating exactly what personal information you wish to access or correct.



Headway Gippsland Inc. will respond to all requests for access to personal information within 14 working days; depending on the type of personal information the staff member or participant have requested access to.

## Concerns About Privacy:

Any concerns or comments about this privacy policy, the practices of Headway Gippsland Inc. or requests for access to personal information can be made via:

Mailing Address: CEO Jenelle Henry

j.henry@headwaygippsland.org.au Headway Gippsland Inc. 16 Sinclair St

Drouin VIC 3818

Telephone: 03 5127 7166

If a person cannot seek redress through the organisation's grievance procedures, they can lodge a complaint with the Office of the Victorian Information Commissioner:

Mailing Address:	PO Box 24274 Melbourne VIC 3001

# Email: enquiries@ovic.vic.gov.au

### Information Retention and Secure Disposal Policy

Headway Gippsland Inc. is committed to managing personal information in compliance with applicable legal and regulatory requirements. Our practices ensure that information is retained for the necessary duration and disposed of securely when no longer required.

### **Retention Periods:**

In accordance with the Public Record Office Victoria (PROV) Retention and Disposal Authorities (RDAs), our organization adheres to the following minimum retention periods for personal records:

- Adults: 7 years
- Children: 25 years
- Aboriginal and Torres Strait Islander individuals: 99 years

These retention periods are designed to meet legal obligations and support the rights and interests of individuals, particularly recognising the cultural significance for Aboriginal and Torres Strait Islander communities.

### Secure Disposal:

Upon the conclusion of the retention period, personal information is disposed of securely to protect privacy and prevent unauthorised access. Headway Gippsland Inc. employs an external provider specialising in secure document destruction. This provider collects all personal and sensitive information designated for disposal and ensures it is shredded in accordance with industry best practices and legal requirements.



When storing client information on our CRM, if the client leaves our services, we will deactivate the client's file, and after the appropriate retention period, the client's file will be deleted by the CRM Technician.

Once all the Service agreements and NDIS plans are uploaded to the CRM, they are removed from the docs in the progress folder.



### References

# Charter of Human Rights and Responsibilities Act 2006 (Vic)

Protects all human rights, including the right to privacy.

#### **Privacy Principles March 2014**

### Information Privacy Act 2000 (Vic)

IPA - promotes the responsible and transparent handling of personal information and balances the free flow of information with the protection of personal information.

#### Health Records Act 2001 (Vic)

Protects the health information of an individual

#### The Privacy Act 1988 (Commonwealth)

Covers the handling of personal information

### Privacy Amendment (Enhancing Privacy Protection) Act 2012

### Privacy Amendment (Notifiable Data Breaches) Act 2017

The Notifiable Data Breaches (NDB) scheme introduced an obligation to notify individuals whose personal information is involved in a data breach that is likely to result in serious harm. This notification must include recommendations about how individuals should respond to the breach. The Australian Information Commissioner (Commissioner) must also be notified of eligible data breaches.

#### Resources

#### **Data Breach Statement**

https://www.oaic.gov.au/privacy/notifiable-data-breaches/report-a-data-breach/

#### What is Personal Information?

https://www.oaic.gov.au/agencies-and-organisations/guides/what-is-personal-information#how-does-the-privacy-act-define-personal-information

#### Identifying eligible data breaches

https://www.oaic.gov.au/privacy-law/privacy-act/notifiable-data-breaches-scheme/identifying-eligible-data-breaches

### Department of Health and Human Services reporting

Privacy Team on 03 9096 8449 or email privacy@dhs.vic.gov.au for advice.

### **Record Keeping** - <u>PROV+4UNSW Sites+4PROV+4Department of Education</u> Victoria+17PROV+17moray.com.au+17