

Policy – Service Delivery

Privacy and Confidentiality

POLICY

Headway Gippsland Inc., believes that adherence to a code of confidentiality provides an atmosphere of security in which other people can feel confident in their dealings with us.

PROCEDURE

Confidentiality, however, cannot be maintained in all situations, and there are some circumstances in which our obligation to our participants and the community is such that it is in their best interests to divulge information that is otherwise gained in confidence. The most important aspect of confidentiality is that all parties are aware of when it can be kept, and breached, so that we are clear about our commitments to each other.

This policy document is freely available to all members of the agency, including Board of Management, workers and participants. Copies of this document will be available to participants, who should be made aware of its existence.

Objectives of the Confidentiality Policy

This policy aims to:

- Provide a working definition of confidentiality, which is consistent with professional associations' codes of ethics and best practice principles also reflecting the Disability Service Standards applicable to all generic service providers.
- Provide guidance for workers and the Board of Management regarding the use of information gained about participants, third parties, colleagues, other services, and this agency and the conveyance of this information to others inside or outside Headway Gippsland Inc.
- Help participants to feel confident that information about them, which is gained in the course of receiving a service from this agency will be kept and only used for the purpose in which the information was gained.

What should be confidential?

Headway Gippsland Inc., believes that it is reasonable for people who have dealings with this agency to be confident that knowledge about the reasons for their dealings and related matters should be limited to those who need to know about it. Therefore the workers of Headway Gippsland Inc., will take every care to ensure that they do not divulge such information to people inside or outside the agency who do not have a need or legal right to that knowledge.

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Confidentiality will be considered to have been breached if:

- You talk about participants, other workers, consultants or matters within the agency which are considered to be commercially confidential (eg. tender information), or personally or legally sensitive (eg. family situation details or sexual harassment allegations).
- You make written notes or files available to unauthorised people.
- You pass on confidential e-mail messages or memos to unauthorised people.
- You identify a person as a participant of the service.

Everyone has the right to confidentiality

This includes you, whether you are a participant, staff member, or member of the Board of Directors. This does not mean that the agency will excessively keep secrets, but rather, will treat all who have dealings with the agency with the courtesy and respect due to all people.

Exceptions to the rule

There will be occasions where it will not be in the best interests of the people concerned, significant third parties or the community, for confidentiality to be maintained. In these situations, confidentiality may be breached, providing the proper procedure has been followed. Such situations include:

- the person concerned or their advocate has signed an Authority to Exchange Information Form (as follows) by their own free will, and understands that information will only be shared with the workers/agency named on the form.
- during supervision sessions, where identifying data may be discussed as is relevant to the understanding of the context of the situation. In these situations, the supervisor is bound to treat such information as being confidential.
- the mandatory reporting of a suspicion of abuse and neglect to the Department of Human Services, in accordance with the Children and Young Person's Act, by a member of a mandated profession.
- the victim of any abuse or neglect will be encouraged and supported to make a formal complaint to the organisation concerned. Where there are reasonable concerns for the safety of an individual or a third party, appropriate warnings should be given to the party concerned and the police.
- where a colleague, consultant, or member of the Board of Directors has acted in a manner contrary to the policies or spirit of the agency, and that such action could be professionally unethical or dangerous to the agency or its participants. In such circumstances, the matter should be reported to the Board Chair or delegate.

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- where there is knowledge of a serious crime that has or will be committed, the person who receives such information will report the matter to the General Manager and the Board of Directors, who are authorised to contact the relevant authorities.
- all workers are required to complete an incident report on any action taken and forward all documentation to Headway Gippsland Inc.

Record Keeping and Confidentiality

The keeping of information about participants and agency records is an important part of the provision of good service. It can, however, also lead to breaches of confidentiality if these documents are accessible to unauthorised people.

Headway Gippsland Inc. will ensure that all participant documents and personnel files are kept in locked cabinets and that only those workers who have direct service contact will have access to the files.

Participant and personnel files, which are kept in computer files, will be accessible only by a password, which has been vetted for security suitability.

Where staff must take personal participant information including files off site these should be securely locked in the boot of a car and should not be left visible in the car.

If you believe that your confidentiality has been breached

you may take the matter up with the person responsible for the alleged breach. Alternatively, you may use the Headway Gippsland Inc.'s Grievance Procedure to seek remedy.

Headway Gippsland Inc. believes that confidentiality is one of the cornerstones of good practice. Therefore, unauthorised breaches of this policy will result in disciplinary and / or legal procedures being instituted against the person responsible. The Department of Health and Human Services and the community service sector operate under a defined legislative, regulatory and policy framework incorporating controls on the use and disclosure of personal information.

Human Services and the community sector also operate in an environment where the increasing use of new technology raises public concerns about the handling of personal data – particularly in the health, welfare and housing sectors where information is highly sensitive.

The Government has introduced the Information Privacy Act 2000 which is based on the following principals:

Purpose of collection of Personal Information:

Limits the information which is collected by any organization, to that which is relevant to a function or activity of the organisation. Headway Gippsland Inc., is to justify why certain information is being collected.

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Source of Personal Information:

Ensures each participant maintains control over who their personal details are given to by stating that information should only be collected from the individual concerned (except in certain circumstances).

Providing Notification when Personal Information is collected:

Ensures that participants are aware of what their information will be used for, who will have access to it and their own rights of access.

Manner of collection of Personal Information:

Prevents undue pressure or coercion being placed on the individual when information is being collected, and ensures staff are sensitive to the particular circumstances when information is being collected.

Headway Gippsland Inc. conforms to these principals when collecting information from participants when they first inquire about services. Only basic information such as; name, address, telephone number, date of birth, type of acquired brain injury is requested to assist the Manager: Individual Support Services in arranging an initial meeting and assessment.

A copy of the assessment is given to the participant at the completion of the meeting and all privacy issues explained.

Storage, security and transmission of Personal Information:

Prevents other individuals and organisations from obtaining access to personal information when they are not authorised to.

Headway Gippsland Inc. ensures all participant information is kept in locked storage facilities where access is restricted to authorised personnel only. Computer access is also limited to authorised personnel.

When participant's personal information is transported, the information will be locked in the boot of the transporting vehicle.

Maintaining a Policy of Openness:

A requirement that personal information is to be handled in an open and accountable manner. Headway Gippsland Inc., uses the "Authority to exchange information" forms or seeks verbal permission from the participant before any information is forwarded to other service providers. Verbal permission granted is documented in the participants file.

The authority to exchange information can also include "emergency situations".

For the Social / Recreational programs written participant consent is required to authorise medical assistance if necessary.

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Right of Access to Personal Information:

Ensures that the participant is able to find out what information the organisation holds about them. All participants of Headway Gippsland Inc., have the opportunity to read personal information collected by the organisation by request.

Headway Gippsland Inc. has appointed a privacy officer; the General Manager. The role of the privacy officer is to ensure authority is received before access to a persons' individual information is provided.

The authority is to be written and presented by the individual to the General Manager, who has the authority to refuse access under the following circumstances:

- If the information may have a detrimental effect on a persons' physical, psychological, or emotional well-being.
- If guardianship laws apply and the appropriate documentation has not been provided.
- Where information relies on professional judgements and the privacy officer deems the information to be harmful either psychologically or emotionally to the participant.
- Where a file contains a copy of a professional assessments or professional judgements by other service providers and permission from these service providers is withheld.
- Where there is sufficient reason to believe the participant has been coerced by another party to access their file and access is deemed to be not in the best interests of the participant.
- Where access will breach the privacy and confidentiality of other parties.
- Where a request to view the file is not put in writing. (a person can be appointed for you, to assist with the application if you wish).

Circumstances under which a legally appointed guardian may be denied, all or in part, access to a participant's file.

- Where the file contains a copy of professional assessments or professional judgements by other service providers and permission from these service providers is withheld.
- Where it breaches the privacy and confidentiality of other parties.
- Where a request to view the file is not put in writing.
- Where there is insufficient proof of legal guardianship.
- When the participant with the guardianship order is deceased.
- Where the privacy officer deems information to be harmful either psychologically or emotionally to the participant.

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Correction and Accuracy of Personal Information:

Permits participants to seek correction of information held about them where they believe it is incorrect.

There is an onus on the organisation to keep information they hold up-to-date, accurate, complete and not misleading. This ensures that all decisions are based on information which is both current and correct.

Retention and Disposal of Personal Information:

Places an obligation on the organisation to retain information where this is required, and to make sure information is disposed in a secure manner when it is no longer required.

Headway Gippsland Inc., shreds all personal information that is no longer required.

Limits on Use and Disclosure of Personal Information:

Places limits on the extent to which information can be used within the organisation, and also on the circumstances in which information can be released to other organisations.

Headway Gippsland Inc., may also be obliged to disclose information by law eg: Under court orders or Statutory Notices pursuant to taxation or social security laws.

Unique Identifiers:

Provides guidance on assigning and using unique identifiers to ensure they are used in an appropriate manner.

Headway Gippsland Inc., is obligated under service agreements with the Department of Human Services to provide data in a non-identifying manner relating to service provision.

Compliance Audits:

Assesses the extent to which the organisation is complying with the Information Privacy Principles. Each year Headway Gippsland Inc., self assesses the organisation's policies and procedures in accordance with the Department of Health and Human Services compliance audit procedures.

If a person cannot seek redress through the organisation's grievance procedures, they can lodge a complaint with the Privacy Commissioner who is Government appointed.

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