Premier Medicine Privacy Policy

The *Privacy Amendment (Notifiable Data Breaches) Bill* 2016 (*the Bill*) states health service providers and aged care providers are required to comply with all mandatory data breach notification provisions. The Bill amends the *Privacy Act 1988* to require providers to notify the Australian Information Commissioner and affected individuals when they *suspect* that a data breach has occurred and there is a *real risk* of *serious harm* to the individual as a result of the breach. This document details how our practice will collect, use, disclose and store your information.

As of February 22 2018, The Notifiable Data Breaches (NDB) scheme under Part IIIC of the ***Privacy Act 1988*** (Privacy Act) establishes requirements for entities in responding to data breaches. Entities have data breach notification obligations when a data breach is likely to result in serious harm to any individuals whose personal information is involved in the breach.

What is our obligation relating to the 2018 NDB scheme?

- Inform all patients of data collection and or ways we communicate using SMS, Email etc.
- Gain permission from patients prior to releasing any information via the above systems
- Only authorised personal are to have access and/or release such information after gaining patient written consent

COLLECTION OF INFORMATION

We will endevour to only collect information which is required for your medical treatment. Such information may include, but is not limited to:

- A full medical history
- A full family/genetic history
- Ethnicity
- Contact details of yourself and if necessary, of partners, spouces or family members and how you were referred to our clinic
- Medicare/private health fund details; and
- Billing and account details

This information will usually be collected directly from you, however on occasions information may be collected from;

- Other medical practitioners such as; specialists or radiologists
- Other health care providers e.g Allied health professionals
- Hospitals and day surgery units
- Pathology or radiology services

Both practice staff and medical practitioners may be required to collect such information from you. While we will endevour to only collect information from other sources with your consent, in emergency situations we may be required to collect personal or health information from relatives or other sources without obtaining prior express consent.

USE AND DISCLOSURE

Your personal and health information will be kept in the strictest confidence. However, in some situations it may be necessary to use or disclose your inforamtion for purposes such as:

- Account keeping and billing purposes;
- Referral to another medical practitioner or health care provider
- Sending samples (e.g blood urine etc) and accompanying paperwork for analysis
- Referral to a hospital or day surgery for treatment and/or advice
- Advice on treatment options
- The management of our practice
- Quality assurance , practice accreditation or complaint handling
- To meet obligations of notification to our medical defence organisation or insurer
- To prevent or lessen a serious threat to life, health or safety of the public, an individual or yourself; and
- When we are legally required to do so, for example producing records to court or under mendatory reporting laws

ACCESS

You are entitled to access your own health record at any time convenient to both yourself and the practice. Howver, access may be denied when:

- Providing access would pose a serious threat to the life or health of yourself or another;
- The access would unreasonaby impact privacy of another
- The request is frivolous or vexatious
- The information related to anticipated or actual relagll proceeding and you would not be entitled to access the information in such proceedings

We ask that all requests to access your records be made in writing and are accompanied by photographic identitfication. The request should state the reasonb for request and what form you would like the access provided in. Should your request be denied, alternative arrangements may be made. We also ask that you collect any hard copies of records in person or nominate a third party's name and address and be accompanied by a notarised copy of your photographic identification. We revserve the right to reject any third p[arty who we feel may not represent the patient. Hard copies can only be mailed by registered mail to avoid erroneous dessemination of information. You may incur costs associated with the copying, printing or mailing of health records.

CORRECTIONS

In order to provide sound medical care it is essential that information is as accurate as possible. Corrections may be made to material but original records will not be destroyed or deleted. It is essential that you notify us of any changes to contact details so as to avoid any accidental disclosure of your information.