

**Northern Sydney Local Health District
Privacy Annual Report
1 July 2014 to June 30 2015**

The Northern Sydney Local Health District meets its privacy obligations through appropriate governance and the provision of privacy information. The Privacy Contact Officer monitors compliance with privacy legislation.

Provision of privacy information training and support to its staff is provided through:

- A privacy Intranet website:
 - NSW privacy legislation
 - NSW Health privacy policies
 - External resources
 - Provision of privacy awareness at new staff orientation

Privacy posters and privacy leaflets are available to patients/carers, and privacy information is provided through the Internet site.

Privacy complaints are investigated via the Internal Review process.

The *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* provide a formalised structure for managing privacy complaints, known as an 'Internal Review'.

During 2014 - 2015, NSLHD received fifteen new applications for Internal Review.

1. Application received in September 2014, a member of the public regarding an alleged breach of personal health information. There were conflicting statements from both parties. The internal review did conclude that there had been a breach of HPP's 5 and 11 and also the Code of Conduct. The Internal Review confirmed that a breach of HPP's 5, 10 and 11 had occurred. In-house privacy training occurred, a formal apology sent to the complainant and access to the electronic medical record (eMR) be audited on a continuing basis
2. Application received in November 2014 from a member of the public alleging that incorrect health information was being collected, stored and released by the LHD. The findings of the Internal Review confirmed that no breach had occurred, no further action carried out.
3. Application received in November 2014 from a member of the public alleging that that software was installed in her home without permission. The findings of the Internal Review confirmed that no breach had occurred, no further action carried out.
4. Application for internal review received in January 2015 from a member of the public alleging a breach of privacy in relation to personal health information. The Internal Review confirmed that a breach of HPP's 5 and 11 had occurred. In-house privacy training occurred and a formal apology sent to the complainant.
5. Application for internal review received in May 2015 from a member of the public alleging a breach of privacy in relation to personal health information. The Internal Review confirmed that no breach had occurred.

6. Application for internal review received in March 2015 from a staff member alleging a breach of privacy in relation to personal information. The Internal Review could not substantively conclude that a breach had occurred, but the review highlighted the issue of staff discussing personal business in areas where other staff may be able to overhear the conversation. It was recommended that communication be sent to all staff reminding them of the Code of Conduct, and in particular, awareness of discussing personal issues in areas where other people can overhear the conversation.
7. Application for internal review received in March 2015 from a member of the public alleging a breach of privacy in relation to personal health information; details relating to another patient and details of reports belonging to another person. The Internal Review confirmed that no breach had occurred under HPP 8 (Amendment). The Internal Review found that HPP 9 Accuracy had been breached in regard to another patient's health information being included in the record and HPP 11 breached in regard to the other person's health information being disclosed to the applicant. A formal apology was sent to the applicant, amendments made to the health record, further training provided to staff in regard to checking information on screen and notification to Patient B regarding breach of privacy.
8. Application for internal review received in May 2015 from a member of staff alleging a breach of privacy in relation to personal health information. The Internal Review concluded that there had not been a breach of health information. No further action to be taken
9. Application for internal review received in May 2015 from a member of the public alleging a breach of privacy in relation to personal health information. Details released of relative without permission. The Internal Review confirmed that a breach had occurred under HPP's 5, 10 and 11. A formal apology was sent to the applicant, implement administrative measures to ensure that the conduct will not occur again, recommendation that ICAC be notified.
10. Application for internal review received in June 2015 from a member of the public alleging a breach of privacy in relation to personal health information. The Internal Review concluded that there had not been a breach of health information. No further action to be taken.
11. Application for internal review received in June 2015 from a member of the public alleging a breach of privacy in relation to personal health information. The Internal Review concluded that there had not been a breach of health information. No further action to be taken.
12. Application for internal review received in June 2015 from a member of the public alleging a breach of privacy in relation to personal health information. The Internal Review concluded that there had not been a breach of health information. No further action to be taken.
13. Application for internal review received in June 2015 from a member of the public alleging a breach of privacy in relation to personal health information. The Internal Review concluded that there had not been a breach of health information. No further action to be taken.

Carol Parker
Privacy Officer