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| --- | --- |
| **Purpose** | This document describes how service users’ information is managed in order to ensure records are identifiable, accurate, current, confidential and accessible when required. |
| **Scope** | The processes in this document apply   * To all persons responsible for documenting and/or accessing or managing name of service service users’ information. * To all service users. |
| **Policy** | Each person identified as a service user of name of service will have an individual, accurate, integrated and confidential record in line with current legislation and guidelines. |
| **Privacy Officer** | name of service has a Privacy Officer. The role of the Privacy Officer is held by ………...  The Privacy Officer will at a minimum complete the [privacy](https://www.privacy.org.nz/further-resources/online-privacy-training-free/) and health information e-training. |
| **Training** | name of service staff will receive training in service users’ information management and the privacy of that information. [Guidelines](https://www.privacy.org.nz/assets/Files/Online-elearning-privacy-training/Privacy-101-workbook-FACILITOR17DEC15.pdf) for facilitators and for [participants](https://www.privacy.org.nz/assets/Files/Online-elearning-privacy-training/Privacy-101-workbook-PARTICIPANT-17Dec15-Current-Version.pdf) are available from the Privacy Commission. |
| **Performance Indicators** | All name of service staff achieve competency in service user information management and privacy of information processes.  90% compliance with the processes in this document (assessed via internal audit and privacy complaints).  [Tool to test privacy systems](http://privacy.org.nz/assets/Files/Brochures-and-pamphlets-and-pubs/Privacy-Litmus-Test-FINAL.pdf). |
| **References** | |
| **Legislation** | [Health Information Privacy Code 1994](https://privacy.org.nz/the-privacy-act-and-codes/codes-of-practice/health-information-privacy-code/)  [Health (Retention of Health Information) Regulations 1996](http://www.legislation.govt.nz/regulation/public/1996/0343/latest/DLM225616.html)  [Health Act 1956](http://www.legislation.govt.nz/act/public/1956/0065/latest/DLM305840.html)  [Human Rights Act 1993](http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html)  [Privacy Act 1993](http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html) |
| **Standards** | [NZS 8153:2002 Health Records](http://shop.standards.co.nz/catalog/8153%3A2002(NZS)/view)  [SNZ HB 8169:2002 Health Network Code of Practice](http://shop.standards.co.nz/catalog/8169%3A2002(SNZ+HB)/view) |
| **Guidelines** | [Data Safety Toolkit](https://www.privacy.org.nz/news-and-publications/guidance-resources/data-safety-toolkit/)  [Finding other people’s information](https://www.privacy.org.nz/news-and-publications/guidance-resources/finding-other-peoples-personal-information/) [Guidance material for Health Practitioners on Mental Health information](https://www.privacy.org.nz/news-and-publications/guidance-resources/guidance-material-for-health-practitioners-on-mental-health-information/) [Guidance resources](https://www.privacy.org.nz/news-and-publications/guidance-resources/)  [Health on the Road](https://privacy.org.nz/news-and-publications/guidance-resources/health-on-the-road/)  [NGO Guide to PRIMHD](http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/ngo-guide-primhd)  [NGO Guide to PRIMHD (Platform)](https://www.platform.org.nz/uploads/files/NGO%20Guide%20to%20PRIMHD_Final_27July2016.pdf)  [On the Record](http://privacy.org.nz/assets/Files/Health-toolkit/On-The-Record.pdf)  [Privacy and CCTV](https://www.privacy.org.nz/assets/Files/Brochures-and-pamphlets-and-pubs/Privacy-and-CCTV-A-guide-October-2009.pdf)  [Privacy Laws – exemptions and exceptions](http://privacy.org.nz/the-new-privacy-laws-exemptions-and-exceptions-to-privacy/)  [Shared health information](https://www.health.govt.nz/system/files/documents/topic_sheets/shared-health-information-seminar-summary.pdf) |

# Essential information- all service user records

**On service entry**

**Staff**

If relevant:

* lead service

provider

* referrals – in and out
* full name
* preferred name
* date of birth
* NHI
* gender
* ethnicity
* additional data required by PRIMHD
* advanced directives
* residential address
* phone contact
* date of service entry
* referrer
* other service providers
* emergency contact
* next of kin
* paper records: each page of the record to show 2 client identifiers
* [eligibility to a free public health service](http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0)

**Content Accuracy**

**Each service user or service user related contact is documented on the day of the contact**

**Person recording the information**

Identification of the person recording:

* Printed name.
* Signature (paper records).
* Designation.

Identification of the roles of other people present:

* **Only** name people involved in providing a service to the service user.
* All other persons areidentified by their role only.

Records have to be:

* factual
* consistent
* accurate
* legible
* complete
* in chronological order
* Date and time of contact or event.
* Date and time of recording.
* Type of contact- phone, email, fax, face to face, letter.
* Details of the contact – assessment, intervention, support detail, etc.
* Place of the contact.
* PRIMHD entries.

**Consider:**

**Collaborative note writing!**

**Paper records:**

* Each page is numbered.
* Mistakes are crossed out and initialed.

**Electronic records:**

* A system is in place to track changes made to file entries.

# [Collecting Information](http://privacy.org.nz/health-information-privacy-fact-sheet-2-collection-of-health-information/)

**Sharing Information**

**Purpose**

Consent to share information is discussed with the service user and documented.

Only information relevant to treatment or care is collected:

* Service delivery related information.
* Information required by funders.

**Unsolicited Information**

This is information volunteered rather than sought.

Refer to the [guidelines](http://www.privacy.org.nz/assets/Files/Health-toolkit/On-The-Record.pdf) page 8.

**Provision of Information**

Service users are informed:

* What information is collected.
* How information is stored.
* ‘Privacy of health information’ is discussed and [written information](http://privacy.org.nz/news-and-publications/brochures-posters/brochure-for-health-consumers/) is provided.

**Manner of Collecting Information**

Information is

* Lawful and fair in line with this policy/procedure and the [Health Information Privacy Code 1994.](https://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-2008-revised-edition.pdf)

Specific areas are considered:

* Physical and auditory privacy when information is collected.
* duplication of collecting information is avoided.

**Source of Information**

Service user records have to identify the source of information.

**Information will be collected directly from the service user.**

Exceptions are:

* If the service user has given permission to collect information from someone else.
* If collecting information from the service user could prejudice their interest.
* If collecting information only from the

service user could prejudice the safety of

another person.

* If information from another agency is

necessary to provide continuity and quality

of service.

**Third Party Information**

* Information from someone other than the service user need to be documented.

and

* Details how the information was received. **Inform the person providing the information that**:
* Their information will be documented in the service user’s record.
* The service user has the right to see their record.

**Collecting Information** *cont.*

**Service users’ rights**

**Correcting service users ‘records:**

* If records are incorrect – the record has to be corrected.

**Service users are entitled to request:**

* That the information about them is corrected.
* The correction will be attached to the service user’s record.
* The service user is informed of the correction made.

The correction will be communicated to other service providers that keep the incorrect information about the service user.

*(Under some circumstances family members can request correction of information)*

**The service user:**

* Can choose the people that are present when information about them is collected.
* Has the right to know the identity and role of the person collecting the information.
* Has the right to refuse being taped, videoed, photographed or being used in teaching/ supervision sessions.
* Will have their cultural needs considered.
* Will not be exposed to inducements which could be regarded undue influence. Example: offering gifts to participate in research or in exchange of providing information (reward for participation in health research should be approved by an ‘[ethics committee](http://ethics.health.govt.nz/ethical-standards-health-and-disability-research)’).

[**Accessing records**](http://privacy.org.nz/health-information-privacy-fact-sheet-3-disclosure-of-health-information-the-basics/)

**ONLY THE PRIVACY OFFICER WILL PROCESS REQUEST FOR ACCESS TO RECORDS & INFORMATION**

[**Processing the Request**](https://privacy.org.nz/news-and-publications/guidance-resources/health-information-privacy-fact-sheet-4-dealing-with-requests-for-health-information/)

[**Requesting records/information**](https://privacy.org.nz/news-and-publications/guidance-resources/health-information-privacy-fact-sheet-4-dealing-with-requests-for-health-information/)

**Within 20 days**

[**Privacy Officer**](http://www.privacy.org.nz/how-to-comply/privacy-officers/)

**Privacy Officer**

Former and current service users are entitled:

* To have access to their records.
* To request correction of their record.
* To make the request in writing or **verbally.**

**Ensures:**

* The identity of the person making the request.
* That the service user or his/her agent receives the information sought.
* That where a request is made by an agent a current written authority is sought.
* The service user is informed how the information will be released.
* The service user cannot take the original file away.
* Copies of the information sought can be provided to the service user (at no cost).

[**Disclosing information to agencies**](https://privacy.org.nz/news-and-publications/guidance-resources/health-information-privacy-fact-sheet-4-dealing-with-requests-for-health-information/)****

**Conditions to release information**

**Statutory Agencies**

**Within 20 days**

**Statutory** requirements require disclosure of health information (examples) under the following legislation:

* Health and Disability Commissioner act 1994 section 62 and the Privacy act 1993, sections 91-92, to provide information for an investigation.
* Health agencies must disclose in response to a court order such as a search warrant.

**Privacy Officer**

**All requests:**

* Need to be in writing - on the agency’s letterhead.
* Need to cite the act/legislation under which the disclosure is required.
* Must be signed with the name and designation of the person requesting the information.
* The service user will be informed that the request has been made and been approved – exceptions need to be justified.
* Ensure only the information requested will be disclosed.
* Ensure that the information sought is received by the individual requesting the information.

**Mandatory Reporting**

**Manager**

name of service will share private information in line with:

* [Sharing personal information of families and vulnerable children](https://www.privacy.org.nz/privacy-for-agencies/sharing-information-about-vulnerable-children/)
* the [Care of Children Act 2004](http://www.legislation.govt.nz/act/public/2004/0090/latest/DLM317240.html)
* the [Crimes Amendment Act 2011](http://www.childmatters.org.nz/171/whats-new/new-legislation-crimes-amendment-act-2011)
* vulnerable adult and elder abuse reporting

will be in line with the [Crimes Amendment Act 2011](http://www.cab.org.nz/vat/fp/va/Pages/Reportingabuse.aspx)

Refer to Abuse and Neglect policy and procedure.

**Release of information**

**Privacy Officer**

* Originals are not provided – summaries are preferred or copies of the originals.
* Coroners receive the original documents and name of service will keep a copy of all the original documents.

**Breach of privacy**

**Manager/Privacy Officer**

* If a staff member has breached privacy by oversight or made a mistake the breach will be managed and recorded like an Adverse Event.
* If the breach of privacy was deliberate the disciplinary process will be followed.
* All breaches will be notified to the ……… immediately.
* If a regulated health professional under the [HPCA 2003](www.moh.govt.nz/hpca) has breached privacy deliberately or the consequences are significant the relevant professional body will be notified.

[**Section 22C of the Health Act:**](Section%2022%20of%20the%20Health%20Act:)

**Allows but does not require release of information to (examples):**

* Probation Officer.
* New Zealand Police.
* Social Worker or Care and Protection Coordinator.

Refer to [Health Information Privacy Code with Commentary for details](https://www.privacy.org.nz/the-privacy-act-and-codes/codes-of-practice/health-information-privacy-code/).



[**Withholding Information**](http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM297080.html)

**(Service users)**

**Manager/Privacy Officer**

**Valid Reasons**

* If disclosure would be likely to prejudice the maintenance of the law.
* If the disclosure would involve the unwarranted disclosure of the affairs of another individual.

* If disclosure would be likely to endanger the safety of any individual.
* If a medical practitioner is satisfied that the disclosure would be likely to prejudice the physical or mental health of the individual making the request.

**Communicating Withholding the Information**

**Manager/Privacy Officer**

The service user will be informed:

* Why the request for information was refused.
* That they can request a review / appeal the decision via the [Privacy Commissioner](http://www.privacy.org.nz/).
* Of their right to complain about the decision making processes and the decision.



**[Storage and security of service users’ information](http://privacy.org.nz/news-and-publications/guidance-notes/health-information-privacy-fact-sheet-5-storage-security-retention-and-disposal-of-health-information/)**

**Security of records - paper**

**Security of records - electronic**

**Service provider/Staff**

**Service provider/Staff**

**Service user information is protected from:**

* loss
* access
* misuse
* modification
* disclosure

**Physical security of records is ensured by service users’ records:**

* Being stored in a locked room in a locked cabinet where only authorised staff can access the record.
* Service users’ records cannot be stored at a private home.
* That are taken off-site for service delivery reasons are
* in a locked briefcase transported in the boot of the car,
* signed out and signed in.

**Electronic records must be password protected. A Password must be:**

* Confidential and not shared.
* Never written down.
* Changed every 90 days.

**Physical security of records is ensured by:**

* Logging off if system is not in use.
* Using automatic screensavers.
* Laptops/i-pads being securely stored.
* Offices being locked overnight.

**Security of processing information:**

* Fax machines are in areas only accessible to authorised personnel.
* Staff and contractors will sign a confidentiality statement before being employed/contracted.

**Security of processing information:**

* Avoid sending service user information via

email.

* If email is used, do not send group emails.
* Ensure you include a confidentiality message

on each email.

**Destruction of information**

After 10 years:

* Confidentially return the information to the client.

OR

* Controlled physical destruction of the record by shredding or incineration.

When information is transferred to the record:

* Hand-written memory joggers with client information should be destroyed by shredding.

**Security of records is ensured by:**

* Installing anti-virus software.
* Activating anti-virus software.
* Updating anti-virus programme.

**Back-up:**

* Electronic client records are backed-up daily.

**<https://privacy.org.nz/news-and-publications/guidance-resources/health-on-the-road/>**

**Manager**

* name of service ensures that systems in line with the guidelines are in place.
* All staff will be trained on the guidelines before being allowed using the electronic community information equipment.

[**Retention/Archiving/Disposal of service users’ information**](http://www.privacy.org.nz/assets/Files/Health-toolkit/On-The-Record.pdf)

**If there is a purpose to keep the information the information must be kept.**

**Health information must not be kept longer than is required for the purpose for which it may lawfully be used**

**Paper Information**

**Electronic Information**

**Manager**

**Manager**

Paper records are archived:

* In a locked office only accessible to staff.
* For 10 years since the last contact.

When service user is discharged:

* Records are no longer accessible to staff – only ……… can retrieve it.
* Information stays in electronic record base for 10 years.

**After 10 years**

* Records are send to ……….for destruction.
* If practicable the records are offered to the service user.

**After 10 years**

* Records are deleted and removed from back-up or any other system that holds the service users’ information.
* If practicable the records are offered to the service user.

BEFORE DESTROYING INFORMATION CHECK [ARCHIVES NZ](http://archives.govt.nz/) FOR THE NEWEST REGULATIONS AND GUIDELINES.



**Retrieval of Client Information**

**Manager**

**Paper Information**

**Electronic Information**

The ………… can retrieve archived electronic service users’ records.

* ………….. is contacted to deliver archived service users’ records.
* Record tracking information is completed.

**[Privacy and CCTV](https://privacy.org.nz/news-and-publications/guidance-resources/privacy-and-cctv-a-guide-to-the-privacy-act-for-businesses-agencies-and-organisations/) (closed circuit television)**

**Privacy Officer**

* name of service will follow the Privacy Commission guidelines when installing CCTV.
* name of service will have a process for service users and their visitors and implement a separate process for personnel.

**Processes to be considered are:**

Make people aware of the CCTV

Selecting and positioning cameras

Have a clear plan.

Decide whether CCTV is appropriate.

Controlling who can see the images.

Storage and retention of images.

Using the CCTV images.

Collecting only necessary images.

Apply the [checklist](https://privacy.org.nz/assets/Files/Brochures-and-pamphlets-and-pubs/Privacy-and-CCTV-A-guide-October-2009.pdf) from the guideline.

Audit and evaluation.

Ensure to adhere to the 12 privacy principles.

**Consultation**



|  |  |
| --- | --- |
| Group/Role | Date |
|  |  |
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