

Introduction

This privacy policy is to provide information to you, our patient, on how your personal information (which includes your health information) is collected and used within our practice, and the circumstances in which we may share it with third parties.

Why and when your consent is necessary

When you register as a patient of our practice, you provide consent for our GPs and practice staff to access and use your personal information so they can provide you with the best possible healthcare. Only staff who need to see your personal information will have access to it. If we need to use your information for anything else, we will seek additional consent from you to do this.

Why do we collect, use, hold and share your personal information?

Our practice will need to collect your personal information to provide healthcare services to you. Our main purpose for collecting, using, holding, and sharing your personal information is to manage your health. We also use it for directly related business activities, such as financial claims and payments, practice audits and accreditation, and business processes (e.g., staff training).

What personal information do we collect?

The information we will collect about you includes your:

- names, date of birth, addresses, contact details.
- medical information including medical history, medications, allergies, adverse events, immunisations, social history, family history and risk factors.
- Medicare number (where available) for identification and claiming purposes.
- healthcare identifiers
- health fund details.

Dealing with us anonymously

You have the right to deal with us anonymously or under a pseudonym unless it is impracticable for us to do so or unless we are required or authorised by law to only deal with identified individuals.

How do we collect your personal information?

Our practice may collect your personal information in several different ways.

1. When you make your first appointment our practice staff will collect your personal and demographic information via your registration.
2. During the course of providing medical services, we may collect further personal information. Information can also be collected through electronic transfer of prescriptions (eTP), My Health Record, e.g., via Shared Health Summary, Event Summary.
3. We may also collect your personal information when you visit our website, send us an email or SMS, telephone us, make an online appointment or communicate with us using social media.
4. In some circumstances personal information may also be collected from other sources. Often this is

New Street Medical Centre Privacy Policy



because it is not practical or reasonable to collect it from you directly. This may include information from:

- your guardian or responsible person
- other involved healthcare providers, such as specialists, allied health professionals, hospitals, community health services and pathology and diagnostic imaging services.
- your health fund, Medicare, or the Department of Veterans' Affairs (as necessary).

When why and with whom do we share your personal information?

We sometimes share your personal information:

- with third parties who work with our practice for business purposes, such as accreditation agencies or information technology providers – these third parties are required to comply with APPs and this policy.
- with other healthcare providers
- when it is required or authorised by law (e.g., court subpoenas)
- when it is necessary to lessen or prevent a serious threat to a patient's life, health or safety or public health or safety, or it is impractical to obtain the patient's consent.
- to assist in locating a missing person
- to establish, exercise or defend an equitable claim.
- for the purpose of confidential dispute resolution process
- when there is a statutory requirement to share certain personal information (e.g., some diseases require mandatory notification)
- during the course of providing medical services, through eTP, My Health Record (e.g., via Shared Health Summary, Event Summary).

Only people who need to access your information will be able to do so. Other than in the course of providing medical services or as otherwise described in this policy, our practice will not share personal information with any third party without your consent.

We will not share your personal information with anyone outside Australia (unless under exceptional circumstances that are permitted by law) without your consent.

Our practice will not use your personal information for marketing any of our goods or services directly to you without your express consent. If you do consent, you may opt out of direct marketing at any time by notifying our practice in writing.

Our practice may use your personal information to improve the quality of the services we offer to our patients through research and analysis of our patient data.

We may provide de-identified data to other organisations to improve population health outcomes. The information is secure, patients cannot be identified, and the information is stored within Australia. You can let our reception staff know if you do not want your information included.

New Street Medical Centre Privacy Policy



How do we store and protect your personal information?

Your personal information may be stored in electronic records.

Our practice stores all personal information securely. We store and protect information in electronic format. Our electronic patient health information system is accessed by our practitioners and other staff using unique logins with secure passwords known only to the specific user. User settings mean that staff are only able to access the types of information they need to access in order to perform their duties. We require our employees and contractors to protect the confidentiality of the personal information we hold.

How can you access and correct your personal information at our practice?

You have the right to request access to, and correction of, your personal information.

Our practice acknowledges patients may request access to their medical records. We require you to put this request in writing and our practice will respond within a reasonable time.

Our practice will take reasonable steps to correct your personal information where the information is not accurate or up to date. From time to time, we will ask you to verify that your personal information held by our practice is correct and current. You may also request that we correct or update your information, and you should make such requests in writing to the practice manager.

How can you lodge a privacy-related complaint, and how will the complaint be handled at our practice?

We take complaints and concerns regarding privacy seriously. You should express any privacy concerns you may have in writing. We will then attempt to resolve it in accordance with our resolution procedure.

The privacy officer.

C/O The practice manager

393 New Street

Brighton VIC 3186

Ph: 95959777

You may also contact:

Office of the Australian Information Commissioner (OAIC)

GPO Box 5218, Sydney NSW 2001

Phone: 1300 363 992

Email: enquiries@oaic.gov.au

Website: www.oaic.gov.au

Health Complaints Commissioner

Level 26, 570 Bourke Street, Melbourne VIC 3000

Phone: 1300 582 113

Email: hcc@hcc.vic.gov.au

Website: <https://hcc.vic.gov.au>

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Next

New Street Medical Centre Privacy Policy



Privacy and our website

When you use our website, we do not identify you as an individual user and do not collect personal information about you, unless you specifically provide this to us. Our website may use cookies that allow us to gather anonymised statistics relating to the management of our website. These analytics may include, but are not limited to, your internet service provider (ISP), domain name, browser type and the pages you visit. Our website and our email communications may contain links to third-party websites. We do not control third-party websites or any of their content and if you visit these websites, they will be governed by their own terms of use (including privacy policies). You should satisfy yourself of the personal information handling policies of third-party website operators.

Policy review statement

This privacy policy is reviewed annually to ensure it is in accordance with any change that may have occurred. The amended policy will be on our website www.newstreet.com.au

Policy Updates

This Policy may change from time to time and is available on our website.

New Street Medical Centre Privacy Policy



Dear Patient,

This general practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose and treat illnesses and medical conditions, ensuring we are proactive in your health care. To enable ongoing care, and in keeping with the *Privacy Act 1988* and *Australian Privacy Principles*, we wish to provide you with sufficient information on how your personal information may be used or disclosed; we will record your consent or restrictions to this consent.

Your personal information will only be used for the purposes for which it was collected or as otherwise permitted by law, and we respect your right to determine how your information is used or disclosed.

The information we collect may be collected by a number of different methods, and may include, but not limited to: medical test results, notes from consultations, Medicare details, data collected from observations and conversations with you, and details obtained from other health care providers (e.g. specialist correspondence).

By signing below, you (as a patient/parent/guardian) are consenting to the collection of your personal information, and that it may be used or disclosed by the practice for the following purposes:

- Administrative purposes in the operation of our general practice.
- Billing purposes, including compliance with Medicare requirements.
- Follow-up reminder/recall notices for treatment and preventative healthcare, frequently issued by SMS.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Accreditation and quality assurance activities to improve individual and community health care and practice management.
- For legal related disclosure as required by a court of law.
- For the purposes of research only where de-identified information is used.
- To allow medical students and staff to participate in medical training/teaching using only de-identified information.
- To comply with any legislative or regulatory requirements, e.g., notifiable diseases.
- For use when seeking treatment by other doctors in this practice.

At all times we are required to ensure your details are treated with the utmost confidentiality. Your

New Street Medical Centre Privacy Policy



records are very important, and we will take all steps necessary to ensure they remain confidential.

Please complete the form below if you understand and agree to the following statements in relation to our use, collection, privacy and disclosure of your patient information.

Consent

I, _____ have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.

I, _____ give permission for my personal information to be collected, used and disclosed as described above, including contact via SMS to my mobile phone number or via email. I understand that only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying this practice in writing.

PLEASE NOTE: our email/SMS service is not encrypted, and therefore we cannot guarantee the security of our email/SMS communications. There is a risk that emails and/or attachments/SMS could be read by someone other than the intended recipient (for example, as a result of widespread hacking, or because someone accesses your email account).

By signing below, you confirm that you have considered and accepted the risks associated with email/SMS communications.

Patient name: (please print) _____

Signature: _____ Date: _____

If not patient signing - your name (please print) _____

Your relationship to patient (e.g., Mother, Father, guardian) _____

PRACTICE USE ONLY:

Witnessed by: (staff signature) _____