Policy 9.1 Management of Confidential Information

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<td>Areas Covered</td>
<td>Management of confidential patient information by correspondence, facsimile machine and email and electronic communication. Media communication. Statutory notifications</td>
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Related WA TB Control Program Policies

1.1 Diagnosis of tuberculosis – Laboratory
1.2 Diagnosis of tuberculosis – Clinical
2.1 Medical treatment of tuberculosis (adults)
2.2 Case management of tuberculosis
3.1 Diagnosis of latent tuberculosis infection
3.2 Treatment of latent tuberculosis infection
4.1 Tuberculosis (active and latent) in children
4.2 Management of tuberculosis in prisoners and immigration detainees
4.3 Tuberculosis (active and latent) in pregnant women
4.4 Tuberculosis and HIV
5.1 BCG Vaccination
6.1 Contact tracing for tuberculosis
6.2 Active surveillance for tuberculosis in recent migrants
6.3 Tuberculosis and health care workers
6.4 Active surveillance for tuberculosis prior to anti-TNF alpha treatment
7.1 Notification of tuberculosis and enhanced surveillance data
8.1 Diagnosis and management of Hansen’s disease
9.1 Management of confidential information for the WA Tuberculosis Control Program
9.2 Client record management policy for the WA Tuberculosis Control Program
9.3 Fees and charges associated with tuberculosis and leprosy treatment

Document Control

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Policy 9.1 Management of Confidential Information

1.0 Introduction

Confidentiality refers to the ethical and legal concept that patient information will only be disclosed to authorised individuals and organisations, at authorised times and in an authorised manner.

All patient related information is to be considered personal and confidential. This includes information in any form including electronic, written, spoken, and audible and image formats. All staff at the Anita Clayton Centre has a duty to maintain and protect patient confidentiality. A patient’s medical history, diagnosis and treatment plan are only the concern of the patient and those directly involved in their care.

2.0 Responsibility of staff

All staff employed by the Department of Health Western Australia must abide by the WA Health Code of Conduct. This states that staff must maintain confidentiality about any personal or other information that becomes available to them in the course of their duties, and only use the information in connection with their duties and/or with proper authorisation (Department of Health Western Australia, 2008). All staff at the Anita Clayton Centre, both clinical and administrative staff, who comes into contact with patient information as part of the health care process, has a duty to maintain the confidentiality of that information. Breaches of confidentiality within the Department of Health may invoke disciplinary action.

3.0 Correspondence

There are circumstances in which staff at the Anita Clayton Centre must communicate with an external organisation or practitioner on matters involving a patient. These include:

- Correspondence to referring practitioners
- Referrals from the Anita Clayton Centre to other practitioners
- Clearance letters to employers
- Reports to the Department of Immigration
- Reports to non-government organisations contracted to do work by the Department of Immigration e.g. Medibank Health Solutions (MHS), International Health & Medical Service (IHMS)

In all cases the following principals must be adhered to:

1. Consent must be obtained from the patient for the disclosure of his or her confidential information to the third party;
2. Only information pertinent to the situation should be released e.g. Clearance letters to employers should not contain information on the patients other medical issues;
4.0 Facsimile Machine

Facsimile may be used at the Anita Clayton Centre for a variety of reasons e.g. transmitting patient referrals, correspondence relating to a patient's medical condition, results of investigations. The facsimile (fax) machine is a fast, convenient and popular method of transmitting information. However, there is potential for compromising patient confidentiality e.g. errors in transmission, mis-dialed numbers and unknown access to the recipient’s fax machine.

The Department of Health Western Australia has produced the information circular Guidelines for the Transmission of Client Identifiable Health Information by Facsimile Machine which should be adhered to by staff. Salient points include (Department of Health Western Australia, 2007):

- Appropriate consent (express or implied) needs to be obtained prior to the release of health information. Only information specifically required for the purpose of the communication and that falls within the scope of the consent should be released.

- Fax transmission may be used to communicate health information for client care encounters, where there is a clear operational requirement for prompt transmission of the information and no other appropriate secure transmission method is available.

- Where the confidential information may be harmful to the well-being of the client if it came to the attention of the client or an unauthorized person, then the highest level of vigilance is needed to ensure that only the intended recipient should come into possession of the information.

- Fax machines used for transfer of health information should be located in secure areas. They should not be located in publicly accessible areas.

- Information should only be sent if the sender is assured that the receiving fax machine is located in a secure area, protected from unauthorized access, or where an authorized officer is standing by the fax machine to receive (collect) the fax.

- A completed cover sheet must be attached to the document being transmitted.

- The sender must verify the fax number before sending the document.

- After transmission of a facsimile, staff members of the Anita Clayton Centre should check to ensure sending has been completed. A copy of the correspondence should be retained in the patient’s electronic medical record.
5.0 Email and electronic communication

1. Staff should be encouraged to use other methods of requesting and sending confidential information unless the need is urgent.

2. The transmission of patient identifiable information through Email is not permitted, except where the e-mail address can be selected from the Global Health Address List.

3. The patient’s name, date of birth and any other identifying patient information must be removed from the body and title of the email. The patient’s unit medical record number can be used as an identifier. The sender must request a receipt from their email system to confirm the email reached the intended recipient.

4. Any attached documents containing confidential patient information must be password protected so the intended recipient can only open them.

5. Any request for information to be emailed outside the global health address list should be directed to the Clinical Head of Service (or their delegated officer).

6. Local IT Management will provide advice on secure methods of data transmission and users are reminded of their obligation to report to their Local Security Officer any security incident or vulnerability of which they become aware.

7. Users must not use auto-forwarding functions to re-direct email to accounts external to the WAGHS network or to internal accounts where the receiving staff member would be considered unauthorized.

8. Patient identifiable information should never be broadly distributed to global or group email addresses unless authorized by the Clinical Head of Service (or their delegated officer).

9. When receiving a request for health information, care must be taken to identify and authenticate the intended recipient. This involves also ensuring the intended recipient is authorized to receive the health information.

10. All email users are to include a confidentiality statement at the bottom of all transmissions.
6.0 Media communications

The North Metropolitan Area Health Service (NMAHS) Media and Public Affairs Department manages all communications with media on behalf of NMAHS sites and services, including the Anita Clayton Centre. During standard business hours (Monday to Friday 9am to 5pm), all media enquiries must be referred to the NMAHS Media Coordinator on telephone 9346 7300. Outside these hours, all media enquiries must be referred to the Duty Media Liaison Officer on 9346 7300 or via 9346 3333 (North Metropolitan Area Health Service, 2009).

Only designated staff members may communicate with media on NMAHS issues. Authorization will include the general parameters around what information is released to the media. Other staff are not permitted to communicate in any way with media on any NMAHS issue without prior permission.

Media are not permitted on NMAHS property without prior permission from Media and Public Affairs (MPA) staff. Media must be supervised at all times by a MPA staff member or delegate inside NMAHS property. If media arrive unexpectedly, MPA staff should be informed immediately.

Confidential information about individual patients must not be released without prior permission from the patient.

7.0 Statutory disclosure

Statutory medical notifications are those where the requirement that a particular medical event be notified is specified in legislation or associated regulations. That is, the notification is mandatory under state law, and these legal obligations over-ride considerations of confidentiality, though does not obviate the need to maintain confidentiality as far as possible.

6.1 Notification of Infectious Diseases

In Western Australia the Health Act 1911 is the principal piece of legislation that provides the mechanisms through which statutory or mandatory notification is effected. All medical practitioners practising in Western Australia are legally required to report the diagnosis of infectious diseases that are of public health significance to the WA Department of Health, which includes tuberculosis. Only cases of active tuberculosis infection must be notified in both children and adults; latent tuberculosis does not need to be notified.
6.2 Mandatory Reporting of Child Sexual Abuse

All health professionals have an ethical and professional obligation to report child abuse or neglect to the Department for Child Protection, and where appropriate, to Western Australia Police. In addition, medical, midwifery and nursing staff are now also legally required to report when they have a belief, formed on reasonable grounds, that child sexual abuse has occurred any time after January 1st 2009, or is occurring, under the Children and Community Services Act 2004 Division 9A. Under s124A of the Act, sexual abuse in relation to a child includes sexual behaviour in circumstances where:

(a) The child is the subject of bribery, coercion, a threat, exploitation or violence; or
(b) The child has less power than another person involved in the behaviour; or
(c) There is a significant disparity in the developmental function or maturity of the child and another person involved in the behaviour.

For further information regarding the obligations and process related to the mandatory reporting of child sexual abuse, please refer to the Operational Directive Mandatory Reporting of Sexual Abuse of Children under 18 years (Department of Health Western Australia, 2011)

8.0 Works Cited


North Metropolitan Area Health Service. (2009). Media Communications Policy. Health Department of Western Australia.
**Endorsing Authority**

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<th>Policy or Procedure Sponsor</th>
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**References (Standards)**

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**Feedback or comments related to this policy should be addressed to the Medical Director, WA TB Control Program Justin.Waring@health.wa.gov.au**