

Barwon Health is obliged under the Health Records Act 2001 to ensure our organisation complies with relevant privacy, confidentiality and security legislation – to protect our clients; our staff; and our organisation. As part of this, individuals are required to understand their obligations and responsibilities including what it means to sign this agreement.

All persons, including Barwon Health employees, non-Barwon Health researchers, contractors, volunteers and students and partner organisations who come into contact with, or have access to, confidential information have a responsibility to maintain the privacy, confidentiality and security of that information.

Confidential information may include information relating to:

- SELF/PATIENTS AND/OR FAMILY MEMBERS
Such as medical records, conversations and financial information
- EMPLOYEES, CONTRACTORS, VOLUNTEERS, STUDENTS
Such as salaries, employment records, disciplinary actions
- BUSINESS INFORMATION
Such as financial records, reports, memos, contracts, computer programs, technology
- THIRD PARTIES
Such as vendor contracts, computer programs, technology
- OPERATIONS IMPROVEMENT, QUALITY ASSURANCE, PEER REVIEW
Such as reports, presentations, survey results

To assist Barwon Health in complying with legislation a range of policies and procedures have been developed and implemented. Persons covered by this policy are encouraged to make themselves aware of the content of the following documents and the impact they have on their role.

These policies and protocols are available on the intranet - Barwon Health policies:

- Access to Information
- BH Privacy Policy
- Collection and Retention of Information
- Communication and Disclosure Policy to Patients and Families
- Consumer Complaints Management Guidelines for Staff
- Electronic Mail
- Freedom of Information (F.O.I) Procedure
- Identifiable Clinical Photographs, Videotapes and Other Digital Images
- Internet Access
- Security of Information
- Use & Disclosure of Information

Further information

If you have any questions or concerns relating to privacy, confidentiality or security of information whilst employed at Barwon Health contact the Barwon Health Privacy Officer.

Examples of Breaches (WHAT YOU SHOULD NOT DO!)

NOTE: These are examples only. They do not include all possible breaches of privacy, confidentiality or security covered by this agreement. Staff should read and understand relevant Barwon Health policies and procedures. These are listed with this agreement and can be accessed via the Barwon Health Intranet.

Accessing information that you do not need to know to carry out your role:

- Unauthorised reading of a patient's medical record or an employee file.
- Unauthorised reading/accessing of your own medical record (DMR) or employee file
- Random searching of Patient Master Index for familiar names.
- Accessing your own information or information of family, friends or co-workers.
- Reading your own pathology results of that of your family, friends or co-workers.
- Freedom of Information processes can be used to obtain access to your own information/medical records, etc

Divulging personal information without individual's consent:

- Discussing or "gossiping" about patient details in situations unrelated to direct patient care.
- Conducting a conversation relating to patient or staff information in a public place.
- Telling a relative or friend about a patient or staff member you had seen.
- Discussing confidential information in a public area such as a waiting room or elevator.

Sharing, copying or changing information without proper authorisation:

- Making unauthorised changes to a patient's medical record.
- Making unauthorised changes to an employee file.
- Copying and forwarding patient or staff information to a third party without having verbal or written consent.

Sharing your password:

- Telling a co-worker your password so that they can access your work.
- Telling an unauthorised person the access codes for employee files or patient accounts.

Using another person's password:

- Using a co-worker's password to log in to the Hospital's computer system.
- Unauthorised use of a password to access employee files or patient accounts.
- Using a co-worker's application for which you do not have rights after he/she is logged in.

Disclosing patient information without following BARWON HEALTH guidelines:

- Faxing information without first calling to notify information is about to be sent or confirming the validity of the receiver and their fax correct number (where practical to do so).
- Disclosing patient details over the phone when a privacy alert exists.

Leaving a secure information system (ie. System that is password protected) unattended while logged on:

- Being away from your desk (eg. tea or lunch breaks) while you are logged into a secure system.
- Allowing a co-worker to use a secure system for which he/she does not have access after you have logged in.



Privacy, Confidentiality and Security Agreement

As part of my role I am required to understand and agree to the following:

1. I WILL ONLY access information I need to undertake my role.
2. I WILL NOT misuse, disclose, copy, release, sell, alter or destroy any confidential information unless it is part of my role. If it is part of my role to do any of these tasks, I will follow the correct procedure (such as putting confidential papers in appropriate security bins or using Barwon Health faxing guidelines).
3. I WILL NOT disclose my personal computer passwords and will only use shared passwords in authorised situations.
4. I KNOW that my access to confidential information, my private electronic messages and my use of passwords and computers may be audited with good cause.
5. I KNOW that it is the role of the Chief Executive (or authorised delegate) to represent Barwon Health in all discussions with the media.
6. I WILL NOT remove confidential information (eg. medical records, photocopied patient forms or electronic data) from Barwon Health unless it is an authorised work practice.
7. I WILL report any activities to my line manager that I suspect may compromise the confidentiality of information. I understand these reports, made in good faith, will be held in confidence to the extent permitted by law.
8. I WILL endeavour to wear my Barwon Health identification badge at all times whilst on Barwon Health premises.
9. I WILL protect the privacy of Barwon Health patients and employees.
10. I AM RESPONSIBLE for my use or misuse of confidential information.
11. I UNDERSTAND my obligations under this Agreement will continue after termination of my role.

I am aware that failure to comply with this agreement may result in the termination of my role at Barwon Health and/or civil or criminal legal penalties.

By signing this, I agree that I have read, understand and will comply with this agreement:

Signature: _____ Date: _____

Print Name: _____ Department: _____

Organisation: _____ Phone: _____

Address: _____

COPY 1 – to be signed and held by the individual covered by this policy.

COPY 2 – to be signed and held in employee record within Human Resources or in Volunteer Services Office for volunteers and non-Barwon Health researchers or within departments for students, contractors and partner organisations.



Barwon
Health

PRIVACY, CONFIDENTIALITY & SECURITY AGREEMENT

(For all persons, including Barwon Health employees, non-Barwon Health researchers, contractors, volunteers, students and partner organisations).



OUR VALUES / RESPECT / COMPASSION / COMMITMENT / ACCOUNTABILITY / INNOVATION

Print Name: _____

Organisation/Clinic: _____

Address _____

Phone: _____

Email Address: _____

Provider no: _____

OR

Clerical Role: _____

Are you currently or have previously been a Barwon Health employee?

Yes / No

If YES, previous username: _____

Why do you need access to Barwon Health imaging viewing systems?

The Fuji MIX medical image transfer system is the most appropriate means for hospital- based clinicians to view images for ongoing patient care.

If you **are not** a Barwon Health Employee, please tell us you preferred password so you can be set up to access.

Preferred Password:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(no spaces)

Minimum of 10 characters – Must include at least:

- **one UPPER CASE**
- **one lower case**
- **one Number**
- **cannot contain your name**

(Covered by confidentiality agreement – this documentation will be destroyed on completion of your account set-up)

Signature _____

Date: _____



Request for Access

Electronic Image Viewing

Return via Fax to: 03 4215 0447



Synapse



A division of  Barwon Health



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