 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	HEALTH INFORMATION PRIVACY STANDARDS	Policy 2.5.1 Protocol 1
HEALTH INFORMATION PRIVACY PROTOCOL		

OBJECTIVE

Bay of Plenty District Health Board (BOPDHB) will provide an environment where patient details will remain confidential and protected and staff will be aware and informed of their obligation toward patient privacy.

STANDARDS TO BE MET

1. General Confidentiality

1.1 Health Records

- a) Only authorised people entitled to view the information in the course of providing and evaluating services to the patient / client shall have access to individual health records (refer BOPDHB policy 2.5.2 Protocol 1 Health Record Standards).
- b) Health records may be accessed for resolution of complaint / incident investigations, audit requirements, location and transport and addition to records as carried out in administration roles.

1.2 Release of Information

- a) The patient should, whenever possible, be asked on admission, which family / whanau members can receive information released about them.
- b) Patients may request that no information, not even that they are in hospital or general information, is to be given out to persons inquiring.
- c) Unless specific consent is given, only the general condition (e.g. satisfactory) can be released to persons inquiring after a patient (refer BOPDHB policy 2.5.2 protocol 1 Health Record Standards)
- d) See Informed Consent Policy for further detail regards release of information.

1.3 Shared Information

- a) BOPDHB will share information as necessary with other health care providers.
- b) For specific detail please refer to BOPDHB policy 2.5.2 protocol 3 Health Record - Access to Personal Health Information and policy 2.2.5 Media.

1.4 Public Discussions

- a) All staff must be aware of the immediate physical environment and care must be taken that names and details of patients and their health information are not to be discussed in lifts or other public areas. This includes using telecommunications in public areas.
- b) Whenever possible patients' relatives are taken to a secluded area for discussion of a confidential nature.

1.5 Computers

- a) All computers containing patient information are to be located so that screens are unable to be read by unauthorised persons.
- b) Passwords must be kept secure and deactivated within one (1) day of their last day of employment (refer to BOPDHB policy 2.6.4 Access Control).
- c) All computers must have either a screen saver time set and password connected with it, a lock screen or be logged out whenever not in use.
- d) If staff are working remotely only approved BOPDHB equipment is to be used. Private computers generally are not to be used however some staff have remote dial-in connection access. This is only given with special permission and all with password security as appropriate.

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- e) E-mail addresses must be included in the Contacts List.
- f) For new E-mail addresses a test E-mail should be sent before sending sensitive information.
- g) All BOPDHB external E-mails must have the BOPDHB confidentiality and privacy disclaimer attached.

1.6 Secure Document Bins

- a) Any correspondence, old labels, or other documentation containing patient information to be discarded must go into the clearly identified **locked** confidential bins for shredding.

1.7 Facsimiles


- a) If faxes need to be sent or time is a factor the following procedure must apply:
 - i. Check the number of the recipient
 - ii. After dialling check the number shown on the fax machine is correct before sending.
 - iii. Where practicable telephone prior to sending so that the recipient can advise if not received or telephone after sending to ensure fax has been received.
 - iv. Ensure that commonly used fax numbers are pre-programmed into the fax machine whenever possible.
- b) Fax machines are to be placed in rooms that are able to be secured after hours.
- c) Fax machines are to be placed in areas where unauthorised persons are unable to access information coming through.
- d) BOPDHB confidentiality and privacy disclaimer is to be attached.

1.8 Telephone Calls / Messages

Patient-related information must never be given directly over the telephone to an unidentified caller.

- a) Receiving (Inwards) Calls
When answering a telephone call the following must be stated:
 - i. name of Department (and name of hospital, if applicable)
 - ii. The name of the person answering the call
- b) Making (Outwards) Calls
When making a telephone call to a patient, first establish that you are talking to the patient then, the following must be stated:
 - i. name and designation of person making the call
 - ii. name of the department, hospital, or BOPDHB (where call being made from)
 - iii. reason for call
- c) Leaving Voicemail Messages
If making a call and it goes to answer phone and the intended recipient of the call is clearly identified, or you have the patient's permission to leave a message, the following information can be left:
 - i. name and designation of person making the call
 - ii. name of the hospital, or BOPDHB (where call is being made from)
 - iii. telephone number for patient to return the call to
- d) Taking Messages
Any requests from a caller for change of address, name or **their** personal information must be recorded accurately.

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e) Other

- i. Any caller who wishes to discuss their results or require other health information are advised to contact their own GP/smear taker. Nurses are not to give results out over the telephone.
- ii. All telephone calls of a clinical nature received by clinical staff are to be clearly documented in the patient's health record as soon as possible.
- iii. Appropriately trained and authorised non clinical staff are to record any important or relevant information against the patients next appointment in the Patient Management System.

1.9 Collection of Information

- a) Every patient must be notified of the purpose for which BOPDHB **collects** information. Whenever practicable a brief explanation is to be given about the purpose for which the information is being collected (i.e. care and treatment) at the first contact between a health professional and a patient or family / whanau, as appropriate. That unidentifiable data could also be used for administrative purposes, statistics, teaching education or review purposes without identification of the patient is also to be explained. Patients must be made aware that their information may be shared with other health providers.
- b) If the patient agrees that information about them can be used for research purposes a consent form must be signed and if the patient declines permission for use of their health information for teaching and education, this must be documented in the health record and the refusal honoured (refer BOPDHB policy 1.1.1 Informed Consent).

1.10 Display of Information

- a) All care must be taken not to leave patient information where it can be accessed or viewed by others. For example, patient health records and charts are not be left on desks / reception areas and staff must take care not to have patient file names and information revealed while transporting to various departments.

1.11 Sending Text Messages

- a) Text messages may be sent to patients to remind them of upcoming outpatient appointments, booked procedures or the requirement to have medical tests completed prior to an appointment.
- b) Text messages are only to be sent using the BOPDHB's approved text messaging software.
- c) Text messages are to contain pre-set messages as approved by the Business Leader for the service responsible for the respective episode of care

2. Informed Staff

- 2.1 All staff shall receive information and updates on the Health Information Privacy Code and its relevance to them upon joining the organisation.
- 2.2 BOPDHB will provide updated Privacy information for staff.
- 2.3 Staff are made aware of who the BOPDHB Privacy Officer is and are encouraged to check with the Officer (or their Service Quality & Patient Safety Co-ordinator) if they are unsure about a privacy question. Staff may only access health information for work related purposes. If they wish to access their own or family health records **(with written consent of family members over 16 years)** they must do so via the Health Records Department.

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REFERENCES

- [MOH Operational Policy and Quality Standards, National Cervical Screening Programme, Chapter 7, Telephone Communication Policy](#)
- Privacy Act 1993
- Code of Health & Disability Consumer Rights
- Consumer Rights Act 1994
- Human Rights Act 1993
- Mental Health Act 1992
- Health Information Privacy Code 1994 and amendments
- Official Information Act 1982
- Hospitals Act 1957
- Public Records Act 2005
- Standards New Zealand, NZS8153:2002 Health Records

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 2.5.1 Health Information Privacy
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 1.1.1 protocol 1 Informed Consent - Standards
- Bay of Plenty District Health Board policy 2.5.2 Health Records Management
- Bay of Plenty District Health Board policy 2.5.2 protocol 1 Health Record - Standards
- Bay of Plenty District Health Board policy 2.5.2 protocol 2 Health Record - Content & Structure of Health Record
- Bay of Plenty District Health Board policy 2.5.2 protocol 3 Health Record - Access to Personal Health Information
- Bay of Plenty District Health Board policy 2.5.2 protocol 4 Health Record – Transportation by BOPDHB Staff
- Bay of Plenty District Health Board policy 2.5.2 protocol 5 Health Record - Retention & Destruction of Inactive Health Information
- Bay of Plenty District Health Board policy 2.5.2 protocol 7 Health Record – Inpatient Care Pathways
- Bay of Plenty District Health Board policy 2.5.2 protocol 8 Health Record - Abbreviations List
- Bay of Plenty District Health Board policy 2.6.4 Access Control
- Bay of Plenty District Health Board policy 2.2.5 Media

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