Queensland Maternal and Perinatal Quality Council

Privacy Policy

July 2014
OBJECTIVES:

- To ensure all patient information/data is maintained in a totally confidential manner and not divulged to any other person.
- To ensure QMPQC members and those staff who are working at the direction of QMPQC, do so in accord with this policy.
- To ensure QMPQC complies with Hospital and Health Boards Act 2011, Sections 81-90.

PROCEDURE:

All members and those staff who are working at the direction of the QMPQC must sign the Queensland Health Confidentiality Agreement (QMPQC Terms of Reference Appendix 3) and these will be maintained by the QMPQC Secretariat.

This Policy encompasses the following:
- Acquisition and compilation of relevant data/information
- Secure storage of information
- Disclosure of information
- Consent for disclosure
- Copying and destruction of information.
**Data Collection**

The QMPQC will source data/information from the Perinatal Data Collection Team. It will receive perinatal and maternal death data in electronic database format. Perinatal Society of Australia and New Zealand (PSANZ) classifications will be obtained from the health facilities undertaking PSANZ classification. It will be received in electronic format. If perinatal deaths cannot be classified locally using PSANZ classification, they may be classified by members of the QMPQC using information obtained from the Perinatal Data Collection Team and, where required, additional information will be sought from specific health facilities. Sources of information include the MR63D Perinatal Data form, Medical Certificate of Cause of Death (Form 9), Perinatal Supplement to Cause of Death Certificate (Form 9A), Confidential Case Summary and patient clinical records.

Requests for additional clinical information from specific health facilities will be made in writing in collaboration with the Perinatal Data Collection Team, Health Statistics Unit.

**Storage**

All information electronically stored by the Clinical Access and Redesign Unit (CARU) on behalf of the QMPQC will be maintained on an internal data storage system, protected by password and only accessible by staff of CARU assigned to assist the QMPQC. Printed documentation will be securely maintained in a locked cabinet in CARU. Access to all documentation is limited to QMPQC members detailed in the Terms of Reference of the QMPQC and/or staff undertaking functions on behalf of the QMPQC. Authorisation for access to documents will be in writing and signed by the Chair of the QMPQC and must be presented to the custodian of the documents before access is granted.

The functions of the QMPQC, its minutes and supporting documentation are required to be maintained in a secure environment for a period of 10 years as per the Queensland Health Disposal and Retention Schedule for Clinical Records. All documentation generated electronically by the QMPQC will be clearly identified as confidential.

Information/documentation will only be handled by authorised persons, e.g. members of the QMPQC or staff working on behalf of the QMPQC, which will either be hand delivered or dispatched by secure post. All reasonable measures will be taken to ensure the information/data remains confidential during transit. On receipt of the information/data, the QMPQC member/s must maintain the information in a secure manner e.g. in a locked cabinet.

**Disclosure of information**

The QMPQC members and staff undertaking work on behalf of the QMPQC will not publish, divulge or communicate to someone else any information that will identify an individual without their written consent.

Reports generated by the QMPQC will contain aggregate and de-identified data and address matters in a general manner which will, as far as practical, maintain the confidentiality of the recipient of the health service or the individual provider.
**Consent for Disclosure**

The members of the QMPQC, or staff undertaking functions on behalf of the QMPQC, will not divulge or communicate to someone else information about an individual without the written consent of the individual be they a patient or staff member, or in the case the person has died, consent from the most available senior next-of-kin.

**Copying and destroying information**

Copying of information will be limited and only performed to enable QMPQC members to participate in discussions at meetings. All documentation of the QMPQC will be maintained and/or destroyed in accordance with Queensland Health Retention and Disposal of Clinical Records Policy 2005, Qld Health (Clinical Records) Retention and Disposal Schedule: QDAN 546 v.3, and the Queensland Government General Retention and Disposal Schedule for Administrative Records v.2.1,

Following the completion of a review of a maternal or perinatal death, all documentation shall be destroyed in a secure manner or returned to CARU for secure disposal, which will ensure all confidential information is destroyed in a secure manner.

**Mechanisms to deal with breaches of confidentiality/irregularities**

In the event confidential information/data, which comes under the auspice of the QMPQC, is found to have been divulged to a second party who is not a member of the QMPQC or operating at its request, the matter is to be referred immediately to the Chair of the QMPQC for action.

**Documentation**

Refers to all data forms: hard/printed copy, electronic copy stored on computers or back up storage devices. Examples could include: CDs, x-ray/micro film data, photographs, etc.

**Responsibilities**

All QMPQC members and those staff who are working on behalf of the QMPQC.

**References**

Hospital and Health Boards Act 2011, Queensland  
Hospital and Health Boards Regulation 2012, Queensland  
Right to Information Act 2009, Queensland  
Private Health Facilities Act 1999  
Private Health Facilities regulation 2000