Respecting your privacy in sexual health clinics

Respecting your privacy
Queensland Health respects the privacy of patients and their families. For health services to be effective, you must be able to trust us and share all information necessary to enable us to diagnose and treat you.

To protect your privacy, Queensland Health follows privacy requirements which set the standards for how we handle personal information.

What information is collected about me?
The type of personal information collected relates to your diagnosis and treatment. When you attend a health facility, a record is made that contains your name, address and contact details. Other information, such as the nature of the problem, family history and the diagnosis and treatment is also recorded. Medicare and other Commonwealth benefit card details are collected for funding purposes only. Every time you attend a health facility, new information is added to your record.

Information will generally be collected directly from you. However there may be circumstances where information about you will be collected from someone else—for example, your local doctor or a relative in an emergency situation. This information may also be included in your record.

Why does Queensland Health need this information?
Queensland Health staff work together and share necessary information in order to give you the best possible care. Your previous history of care helps us identify which treatments are likely to be safe and effective for you, and also helps reduce the likelihood of repeating tests.

Queensland Health recognises some people may wish to use an alias when receiving health services. Using an alias is not recommended because it may prevent us from locating all the information we hold about you and providing appropriate care. Regardless of whether or not you use an alias, we will search our records and attempt to match and merge all records about you.

Your record may also be accessed by our administrative support staff to perform tasks such as booking appointments and communicating with you and other areas of Queensland Health.

How is information about me protected?
Health information may be contained in paper records, electronically or in other mediums depending on the tests and treatment you have had—for example, x-ray records and other medical imaging.

All Queensland Health staff are bound by a strict legal duty of confidentiality. It is an offence for our staff to give information about you to anyone except under limited circumstances. We also maintain strict security policies and practices with respect to who has access to personal information about you. If you have any questions about privacy and confidentiality, please check with the relevant privacy and confidentiality contact officer.

Is my information used for any other purposes?
There may be occasions when we need to use or disclose some information for purposes such as:
- ensuring you receive appropriate treatment and follow-up care
- undertaking quality assurance activities and other activities that help us monitor and improve the way we operate professional supervision or mentoring of our staff
- helping us with management, funding, monitoring, complaint handling, planning and evaluation and accreditation activities—for example, patient satisfaction surveys. Responding to surveys is entirely voluntary and all responses are anonymous
- enabling us to code and de-identify records
- addressing liability indemnity arrangements. This may require giving information to a medical expert (for a medico-legal opinion), insurer, medical defence
organisation or a lawyer
• defending anticipated or existing legal proceedings which necessitates providing information to a lawyer
• enabling us to bill or recover debt in relation to services received (if appropriate).

We will ensure that any such use or disclosure is limited to only what is strictly necessary.

On occasion, information may be used for research that will help us to improve healthcare practices without your consent. All research involving Queensland Health patients must undergo ethics consideration and be authorised by the chief executive before it can be conducted.

Who else may request access to information about me?

After you are discharged from one of our hospitals we will generally provide information to your doctor about your treatment, and any special instructions related to your care. If you do not want this information to be sent to your doctor, please let us know before you are discharged.

Sometimes your local doctor may contact us for additional information about your treatment. In this case we may give them further information. If you do not want this to happen, please let us know as soon as possible.

If you receive healthcare at a facility that is not operated by Queensland Health, or you reside in a residential care facility not operated by Queensland Health, and the facility contacts us to obtain information about you, we will release health information to facilitate your treatment. In other situations we will generally obtain your consent prior to releasing any information.

In some circumstances we are legally obliged to disclose information about you, for example:
• where your records have been subpoenaed for a court case
• where we are legally required to collect information about particular health conditions such as life-threatening diseases or diseases with high public health risks.

Chaplains and pastoral care workers regularly visit the wards of our hospitals. If you would like a person of your particular faith to visit you, we will endeavour to arrange this by providing your name and ward details to the chaplaincy co-ordinator.

How do I go about getting access to information held about me?

Queensland Health supports your right to apply for access to health information held about you. Access to your health records may be provided simply through administrative access. If the application cannot be processed administratively, it will generally be referred for processing under the Information Privacy Act 2009.

You also have the right to request access to your health record formally under the Information Privacy Act 2009. If there is information in the health record that is incorrect or which you do not agree with, you also have the right to request that it be amended.

Further information

Further information is available on our website: http://www.health.qld.gov.au/townsville/About/publications/right-to-information.asp

Privacy and Confidentiality Contact Officer:
Townsville Hospital and Health Service – (07)4433 1341

Facilities:
The Townsville Hospital – (07)4433 1319
Townsville Community Health – (07)4433 1319
Ayr Health Service – (07)4783 0855
Cardwell Community Service – (07)4063 6300
Charters Towers Health Service – (07)4787 0333
Home Hill Health Service – (07)4790 5700
Hughenden Health Service – (07)4741 2800
Ingham Community Health – (07)4720 3050
Ingham Health Service – (07)4720 3000
Joyce Palmer Health Service – (07)4752 5100
Magnetic Island Health Service – (07) 4778 5107
Richmond Health Centre – (07)4741 6100.
Patient opt-on / opt-off declaration form

I, .................................................................................. of ..........................................................................................

hereby elect to (please tick):   opt-on   opt-off

from available flagging systems that may operate to alert Queensland Health facilities of the existence of my sexual health record, held at the ..................................................................................................................... clinic (name of clinic)

and give permission for staff of the above named clinic to pass on my client registration information to relevant Queensland Health data systems, as they become available, for the purposes of flagging the existence only of my sexual health record.

I have read and understood the Respecting your privacy in sexual health clinics fact sheet, have been given the opportunity to obtain further information and understand that:

**By opting on:**
- the existence of my sexual health record will be alerted to other Queensland Health staff who may be involved in my care or treatment at another Queensland Health facility
- staff at other Queensland Health facilities will not have access to the clinically sensitive information held in my record without contacting the staff of the sexual health clinic. Should this occur sexual health clinic staff will ensure that any disclosure of my clinically sensitive information is limited to what is strictly necessary to ensure I receive appropriate care and treatment
- staff of the sexual health clinic may also share relevant information about me in other circumstances, as described in the Respecting your privacy in sexual health clinics fact sheet. For example, where staff are required by law to disclose information.

**By opting off:**
- I understand the benefits of having my client registration information flagged on broader Queensland Health records and the risks, potential health consequences and potential poorer health outcomes of opting off the flagging system, as staff will be unaware of my sexual health record and will be unable to request information that may be relevant and important to my care and treatment.
- I understand that by signing this declaration form my sexual health record will NOT be flagged on any other Queensland Health data or record system and only staff at the above named clinic will be aware of my record.
- I hereby release and indemnify Queensland Health, its officers, employees and agents from and against all actions, claims, and losses arising from my decision to opt-off the flagging system.
- I understand that even though I have opted off the flagging system, staff of the sexual health clinic may still share relevant information about me as described in the fact sheet—for example, where the disclosure is necessary to provide me with care or treatment in an accident or emergency situation or where staff are required by law to do so.

Dated this .......................................................... day of .......................................................... 20 ..........

Signed ........................................................................................................................................................................

In the presence of: Name ..................................................................................................... Position ........................................................................................................

Signed...................................................................................................................................................................