



PRIVACY CONFIDENTIALITY & SECURITY AGREEMENT

(For all persons, including Northeast Health Wangaratta staff, contractors, volunteers and students)

Northeast Health Wangaratta is committed to ensuring it complies with relevant privacy, confidentiality and security legislation – to protect our clients, 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 Northeast Health Wangaratta staff, contractors, volunteers and students 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:

- **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 IMPROVEMENT, RISK MANAGEMENT, PEER REVIEW**
Such as reports, presentations, survey results.

To assist Northeast Health Wangaratta in complying with legislation a range of policies and procedures have been developed and implemented. Staff are encouraged to make themselves aware of the content of the following documents and the impact they have on their role.

Policies relating to privacy, confidentiality and security are available via the NHW Intranet site. These policies are reviewed on a regular basis.

- Confidentiality and Patient Information
- Employee Privacy and Confidentiality Policy
- Patient Consent Releasing Patient Information
- Internet Usage
- Other relevant policies as developed from time to time

Further Information

If you have any questions or concerns relating to privacy, confidentiality or security of information whilst at Northeast Health Wangaratta contact the Privacy Officer in Health Information Services on 57220266.

Examples of Breaches (WHAT YOU SHOULD NOT DO)

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

Accessing information that you do not need to know to do your job:

- Unauthorised reading of a patient's medical record or an employee file.
- Random searching of Patient Master Index for familiar names and details such as phone numbers.
- Accessing information on self, family, friends or co-workers.
- Reading pathology results of self, family, friends or co-workers.

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, public corridor or dining room.

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 unauthorised shared passwords.

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-workers application for which you do not have rights after he/she is logged in.

Disclosing patient information without following NHW guidelines:

- Faxing without including an appropriate fax cover sheet that includes a disclaimer.
- Sending unsecured e-mails.
- E-mail information to home computers.

Leaving a secure information system (i.e. 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 position/employment at Northeast Health Wangaratta (NHW), I am required to understand and agree to the following:

1. I WILL ONLY access information I need to do my job.
2. I WILL NOT disclose, copy, release, sell, alter or destroy any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct procedure (such as putting confidential papers in appropriate shredding bins or using appropriate NHW procedures).
3. I WILL NOT misuse or be careless with confidential information.
4. I WILL NOT disclose my personal computer passwords and will only use shared passwords in authorised situations.
5. I ACCEPT responsibility for all activities I have undertaken using my password and those activities undertaken by persons to whom I have provided my password.
6. I KNOW that my access to confidential information may be audited.
7. I WILL NOT remove confidential information (eg medical records, photocopied patient forms or electronic data) from NHW unless it is an authorised work practice. I understand that this includes sending data via unsecured e-mail or to my home computer.
8. I WILL NOT disclose NHW building entry codes to unauthorised people.
9. I WILL report any activities to my 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.
10. I WILL endeavour to wear my NHW identification badge at all times whilst on NHW premises.
11. I WILL protect the privacy of NHW patients and employees.
12. I AM RESPONSIBLE for my use or misuse of confidential information.
13. I UNDERSTAND my obligations under this agreement will continue after termination of my employment.

I am aware that failure to comply with this agreement may result in termination of my position/employment at Northeast Health Wangaratta and/or civil or criminal legal penalties.

By signing this, I agree that I have read, understood and will comply with this agreement.

Signature: Date:

Print Name: Department:

Copy 1 – to be signed and held by employee

Copy 2 – to be signed and held in employee record within Human Resources

(Based on Women's & Children's Health 'Privacy, Confidentiality and Security Agreement')