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

## 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 those who have a work-related need shall access 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, but only by those who have a work-related need.

#### 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.
- e) A patient, or their nominated support person, may request suppression of their admission in the patient management system or full suppression of their presence including their name and other personal details that could lead to someone identifying them who has no work-related need to access the information.

#### 1.3. Shared Information

- a) BOPDHB shares 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 discussed in lifts or other public areas. This includes using mobile devices in public areas, and taking patient lists and other patient information to offsite venues for breaks.
- b) Whenever possible patients and their nominated support person, are taken to a secluded area for any discussion of a confidential and / or serious 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).

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- c) All BOPDHB computers must have an IT programmed screen saver that is time set for 15 minutes and requires the individual's login password to reconnect to the system. This default setting cannot be changed by users themselves and can only be deactivated by exception and through the appropriate IT Admin access. All computers should be logged out whenever not in use.
- d) If staff are working remotely only approved BOPDHB equipment is to be used. Private computers are only to be used if BOPDHB equipment is not available. Two (2) factor authentication for remote login to BOPDHB systems must be in place.
- 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 are not to be used**

**1.8. Scanned documents only**

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

**1.9. 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

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d) Taking Messages

Any requests from a caller for change of address, name or **their** personal information must be recorded accurately.

e) Other

- i. Any caller who wishes to discuss their results or require other health information is 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 nonclinical staff are to record any important or relevant information against the patients next appointment in the Patient Management System.

**1.10. 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 a patient agrees that information about them can be used for research purposes an appropriate consent form with all research details specified must be signed. If a 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).

**1.11. 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 to 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.


**1.12. 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 appropriate Service Leader / Head of Department 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.

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2.3 Staff are made aware of who the BOPDHB Privacy Officer and Privacy Co-ordinator are and are encouraged to check with them using the [Privacy@bopdhb.govt.nz](mailto:Privacy@bopdhb.govt.nz) email 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.

## REFERENCES

- [MOH Operational Policy and Quality Standards, National Cervical Screening Programme, Chapter 7, Telephone Communication Policy](#)
- Privacy Act 2020
- Health Information Privacy Code 2020
- Code of Health & Disability Consumer Rights
- NZS 8134:2021 New Zealand Standard Ngā paerewa Health & Disability Services Standards
- Consumer Rights Act 1994
- Human Rights Act 1993
- Mental Health Act 1992
- 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 2.1.12 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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