

Sydney Melanoma Diagnostic Centre (SMDC) Privacy Policy

Introduction

We are committed to protecting the privacy of patient information and to handling your personal information in a responsible manner in accordance with the Privacy Act 1888 (Cth), the Privacy Amendment (Enhancing Privacy Protection) Act 2012, the Australian Privacy Principles (APP) and relevant State and Territory privacy legislation (referred to as privacy legislation).

This Privacy Policy explains how we collect, use and disclose your personal information, how you may access that information and how you may seek the correction of any information. It also explains how you may make a complaint about a breach of privacy legislation.

This policy is current from July 2017. From time to time we may make changes to our policy, processes and systems in relation to how we handle your personal information. We will update this Privacy Policy to reflect any changes. Those changes will be available for you in the practice.

SMDC and what do we do

SMDC is a private medical practice that specializes in melanoma and skin cancer. The practice has consulting rooms at Royal Prince Alfred Hospital (RPAH), Camperdown, NSW.

The practice is affiliated with the Melanoma Institute Australia (MIA) and Sydney University.

The practice actively participates in melanoma research and clinical trials by providing information and data.

Collection of your information

We collect information that is necessary and relevant to provide you with appropriate medical care and to manage our medical practice. This information may include your name, address, date of birth, gender, health information, family history and contact details. This information may be stored on our computer medical records system and/ or in hand written medical records.

Wherever practicable we will only collect information from you personally. However we may also need to collect information from other sources such as general practitioners, treating specialists, radiologist, pathologist, hospitals, other health care providers and My Health Record to assist in your medical care.

We collect information in various ways such as over the telephone, in writing, in person in our rooms at MIA, RPAH or over the internet if you transact with us online. This information may be collected by medical and non-medical staff.

There are instances where photographs may be collected as part of your treatment and stored; a special consent is requested for photography.

In emergency situations we may also need to collect information from your relatives or friends.

We may be required by law to retain medical records for certain periods of time, depending on your age at the time we provided service and if you were on a clinical trial.

Dealing with unsolicited information

If we receive personal information that SMDC did not solicit, we will determine whether it could have been collected in the usual way and if not then it will be destroyed in accord with the APP.

Anonymity and pseudonymity

Wherever it is lawful and practicable you have the option to request that we deal with you under a pseudonym or anonymously. However it may be necessary for us to collect your personal or sensitive information for your health care treatment. If you choose to withhold the information we require, we may not be able to provide the treatment you require.

Security of your information

We take reasonable steps to protect your personal and sensitive information held by us from misuse, interference, unauthorized access, modification, loss of disclosure. This includes during storage, collection, processing, transfer and destruction of the information.

Information is stored in secure electronic databases. Employees and clinical staff of SMDC, employees of MIA, RPAH, contracted third parties and other parties to whom we disclose your information sign confidentiality, agreement that requires them to comply with the Privacy Act and our Privacy Policy.

When we no longer require your personal information we will take reasonable steps to destroy the information or ensure that the information is de-identified.

Use and Disclosure of your information

We will treat your personal information as strictly private and confidential. We will only use or disclose it for purposes directly related to your care and treatment or in ways that you would reasonably expect that we would use it for your ongoing care and treatment. For example, the disclosure of histopathology results to your referring doctor or requests for diagnostic testing.

We may disclose information about you to outside contractors to carry out activities on our behalf, such as an IT service provider. We impose security and confidentiality requirements on how they handle your personal information. Outside contractors are required not to use information about you for any purpose except for those activities we have asked them to perform.

We will not use your information for another purpose unless you have given consent (for example, the Melanoma Research Database) or one of the exceptions under the Privacy Act applies. For example, if the use of the information is authorized by Australian law or is necessary for law enforcement by an enforcement body.

Data Quality and Security

We will take reasonable steps to ensure that your personal information is accurate, complete, up to date and relevant. For this purpose our staff may ask you to confirm that your contact details are correct when you attend a consultation. We request that you let us know if any of the information we hold about you is incorrect or out of date.

Personal information that we hold is protected by:

- ❖ Securing our premises
- ❖ Placing passwords and varying access levels on databases to limit access and protect electronic information from unauthorized interference, access, modification and disclosure and
- ❖ Locked premises for the storage of physical records.

Corrections

If you believe that the information we have about you is not accurate, complete or up-to-date, we ask that you contact us in writing (see contact details below).

Access to Your Medical Record

You are entitled to request access to your medical records. We request that you put your request in writing and we will respond to it within a reasonable time.

There may be a fee for the administrative costs of retrieving and providing you with copies of your medical records.

We may deny access to your medical records in certain circumstances permitted by law, for example, if disclosure may cause a serious threat to your health or safety. We will always tell you why access is denied and the options you have to respond to our decision.

Sending Data Overseas

The policy of SMDC is to not send your information overseas. The exceptions to this would be if you requested it sent or if deemed necessary in your treatment where we would obtain your consent.

The Spam Act 2003

The Spam Act 2003 prohibits sending unsolicited emails, SMS and MMS messages for commercial purposes. Unsolicited communications are ones that do not directly relate to a service you have previously signed up with or agreed to.

SMDC will send appointment and referral reminders via SMS. If you do not wish to receive communication via SMS you may opt out by advising the practice.

Participation in research and clinical trials

As an affiliate of MIA, the SMDC Practice actively participates in research and clinical trials. All research and clinical trial activity undergoes approval by an Ethics Committee.

Your clinician will explain the purpose of the research or trial and ask that you sign a consent form before you can participate.

Melanoma Research Database

The Melanoma Research Database (MRD) is administered by MIA and the use of data is explained in The Privacy Policy of MIA which can found on the MIA website www.melanoma.org.au

SMDC provides patient information to the MRD but this is only provided with your consent.

Complaints and enquiries

SMDC is committed to the protection of your privacy. If you have any questions about how we handle personal information, would like to complain about how we have handled your information or would like further information about our Privacy Policy, please submit a written query or complaint to our Privacy Officer. Our Privacy Officer will address your complaint and liaise with you to resolve the issue within a reasonable time (usually two weeks). If you are unhappy with the outcome you may lodge a complaint with the Australian Information Commissioner to review. www.oaic.gov.au/individuals/how-do-i-make-a-privacy-complaint for further information.

Contact details

Please direct any queries, complaints, requests for access to medical records to:

- ❖ Company Director
Sydney Melanoma Diagnostic Centre
RPAH
Level 2 Gloucester House
Missenden Road
Camperdown NSW 2050

Email: info@melanoma.net.au

Phone: 02 9515 8537

Fax: 02 9515 5278

- ❖ Privacy Contact Officer
Royal Prince Alfred Hospital
Executive Support Unit
Level 11, KGV Building
Missenden Road
Camperdown NSW 2050

Email : SLHD.ESU@sswahs.nsw.gov.au

Phone: 02 9515 9600

Fax: 02 9515 9610

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PATIENT CONSENT FOR COLLECTION, USE AND DISCLOSURE OF INFORMATION

This consent form lists what information will be collected, used and disclosed. Please read and tick the boxes which indicate that you give your consent.

If you choose not to consent or not to consent to certain items, please advise the staff or your clinician. Your treatment may be affected if you do not allow the collection or use of information.

Please read the Privacy Policy for an explanation of how and why your information will be used. If you have any questions please ask the staff.

Tick to Consent	
	I have read and understand the Privacy Policy of SMDC in relation to the collection, use and disclosure of my personal information.
	I understand that I am entitled to access my own health records except where access would be denied as per the Privacy Act. I also acknowledge that there may be an administrative fee for the preparation of the record.
	If I have any questions about this consent form, or if at any time I wish to discuss the use of my information, I understand that I can contact the Company Director of SMDC or the Privacy Officer of RPAH.
	I consent to receive SMS appointment reminders, SMS recalls and other test reminders. I understand that I can opt out by contacting SMDC.
	I give my consent for my clinical care team to correspond to other health care providers via email for treatment and care purposes. I understand that email may not be secure.

PATIENT NAME: _____ DOB: _____

(please print)

SIGNATURE: _____ DATE: _____

WITNESS NAME: _____ SIGNATURE: _____