

Health Privacy
it's my business

Information to private health service providers for handling a request for access or correction under the *Health Records Act 2001* (Victoria)



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1. Right of access

Under the *Health Records Act 2001 (Victoria) (HRA)*

The *HRA* 2001 came into operation on 1 July 2002. The Act gives individuals a right of access to their personal health information held by any organisation in the private sector in Victoria, in accordance with Health Privacy Principle 6 (HPP 6). HPP 6 obliges health service providers and other organisations who hold health information about a person to give them access to their health information on request, subject to certain exceptions and the payment of fees (if any).

Public sector organisations continue to be subject to the *Freedom of Information Act* 1982.

Refer to the Appendix for a definition of a health service provider.

‘Personal health information’ means health information which either specifically identifies the individual or from which their identity can reasonably be ascertained.

An organisation ‘holds’ health information if it is in their possession or control. If you have received reports or other health information from another organisation such as a medical specialist, you are required to provide access in the same manner as for the records you create. If the specialist has written ‘not to be disclosed to a third party’ or ‘confidential’ on their report, this has no legal effect in relation to requests for access under the *HRA*. You are also required to provide access to records which have been transferred to you from another health service provider.

You should have a privacy policy in place that sets out how you manage health information and the steps an individual must take to obtain access to their health information. You may wish to include in the privacy policy the different forms of access and the applicable time frames and fees.

Under the *Privacy Act 1988* (Commonwealth)

Individuals also have a right of access under the Commonwealth *Privacy Act 1988*. This Act applies from 21 December 2001 and gives individuals a right of access to personal health information held by all private sector health service providers, and other private sector organisations with an annual turnover of more than \$3 million. For more information, contact the Federal Privacy Commissioner on 1300 363 992 (TTY 1800 620 241) or visit the website at: www.privacy.gov.au.

Compliance with the access provisions in the *HRA* will generally ensure compliance with the Commonwealth *Privacy Act*.

2. Making a request for access

How a request for access is made

An individual can make a request to you for access **orally** or in **writing** if they believe you hold health information about them. The time limit for compliance begins to run from when the oral or written request is received.

If an individual makes an oral request, you may ask them to put the request in writing. You must do this as soon as possible. If you do this, the time limit for compliance begins to run from when you receive the written request.

You must take reasonable steps to be satisfied about the person's right to have access to the information. You may ask for proof of the individual's identity when they make their request.

In the request, the individual needs to:

- state their name and, if not already known to you, their address,
- identify sufficiently the health information they are seeking access to,
- specify the form they want the access in. (See Section 5 of this document for an explanation of the different forms of access).

You can ask the individual whether they want access to all the information held or just particular information.

Requests made on behalf of someone else

An individual can seek access on behalf of someone else if:

- (1) that other person has a right of access AND
 - (a) has authorised them in writing to seek access on their behalf (eg a solicitor, family member or friend), OR
 - (b) is their authorised representative (such as a parent, guardian, or a person holding an enduring power of attorney), OR
- (2) the individual is the legal representative of the deceased person who would have had a right of access when alive.

The request must be made in writing and they must provide evidence of their authority to act on the person's behalf if you ask for it.

What form of access are you required to provide?

This depends on whether the individual wants access to information collected **after** the start of the Act on 1 July 2002 ('new' information) or to information collected **before** 1 July 2002 ('old' information).

'New' information

If the information being sought was collected by you on or **after** 1 July 2002, then you must give the individual access in one or more of the following ways:

- inspecting the information,
- obtaining a copy and/or
- viewing the information, accompanied by an explanation by a health service provider.

You can ask the individual whether they would prefer to receive an accurate summary of the information, instead of a copy. The individual may prefer an accurate summary if the health records are extensive or complex.

It is the choice of the individual and you must provide access in the form requested by the individual. You may assist the individual by explaining to them the different ways a right of access can be exercised. The different forms of access are discussed in more detail in Section 5.

An individual can seek access in more than one way. If, for example, an individual inspects their health records and then asks for a copy, you are required to comply, subject to the payment of any fee.

‘Old’ information

If the information being sought was collected by you **before** 1 July 2002, then you have a choice.

If you do not wish to allow the individual to inspect the information, or have a copy or an explanation of the information, you must provide the individual with an accurate summary of the information instead. Although you are not required by the *HRA* to provide access in full, you can agree to do so. Refer to Section 5 of this document for details of what must be contained in an accurate summary and the applicable fees.

Old information and the Commonwealth *Privacy Act*

If you are considering providing an accurate summary of ‘old’ information instead of a copy or inspection, you need to be aware that under the Commonwealth *Privacy Act*, an individual has a right of access to information collected after 21 December 2001. This is the date the relevant parts of the Commonwealth *Privacy Act* took effect.

If information collected before 21 December 2001 is used by you **after** 21 December 2001, then the individual can obtain **full** access under the *Privacy Act*, even though they are only entitled to an accurate summary to information collected before 1 July 2002 under the *HRA*. The Office of the Federal Privacy Commissioner has advised that, in addition to other uses of health information, providing a medico-legal report after 21 December 2001 may constitute a ‘use’ of health information that would give the individual a right of access in full to information collected before 21 December 2001.

3. Time limits for responding to requests

You should respond to the request as soon as practicable, but no later than 45 days from the date you received the request.

In responding to the request, you are required to either:

- give the individual access within 45 days, or
- notify the individual in writing within 45 days what fee (if any) you will be charging and then give access within seven days of receiving payment of the fee or 45 days after receiving the request, whichever is the later, or
- notify the individual in writing within 45 days that you are refusing access to part or all of the health information and give your reasons why. Access can only be refused for the reasons listed in Part 5 of the Act or in HPP 6.1 (Refer to Section 6 of this document).

4. Can you charge a fee?

You are not required to charge a fee for giving someone access to their health information. If you wish to charge a fee, you cannot charge more than the maximum amount specified in the *Health Records Regulations 2002*. These are set out in Section 5 of this document. The maximum fee which can be charged will vary according to the type of access required; for example, the maximum fee which can be charged for obtaining an explanation is more than the maximum fee for obtaining a copy of the documents.

The *HRA* requires you to take reasonable steps to protect health information from loss and unauthorised disclosure. The person requesting access can collect the copied documents in person, or you may wish to consider sending the material by registered mail or by courier. Who is to meet this cost would need to be negotiated with the individual.

You cannot ask the individual to send a non refundable lodgement fee when they make a request for access.

You should advise the individual in advance of any fees to be charged.

5. Forms of access and what fees may be charged

Before giving access, you should review the information. You must not give access if the ‘serious threat to life or health’ or the ‘information given in confidence’ provisions apply. These are discussed in Section 6.

Inspection

If the individual has requested access in the form of **inspection** of the information with no explanation of the contents, then you must give access by making an appointment for the individual to inspect the documents. They should be given the opportunity to take notes. It is recommended the inspection be supervised.

If the health information is stored in an electronic form, you may wish to print out the information for inspection. You can allow the individual to inspect an electronic copy, but must take steps to ensure that no other client information can be accessed.

The **maximum fee** you are permitted to charge for **inspection** is a total of the following (plus GST):

- (a) \$5 per quarter hour (or part of a quarter hour) for supervision of inspection, and
- (b) your organisation’s reasonable costs incurred in assessing and collating the health information, not exceeding \$20, and
- (c) if it is necessary to use equipment that is not in your organisation’s possession in order to inspect the health information, your organisation’s reasonable costs incurred in obtaining the equipment, and
- (d) if the health information is contained in a document not stored at your usual place of business, \$10.

Obtaining a copy

If the individual has requested access in the form of a **copy** of the information, then you must provide a copy or, if the individual agrees, an accurate summary of the health information. The individual may prefer an accurate summary if the health records are extensive or complex.

You are not required to hand over your original records, as they belong to you. It is not recommended you ever hand over your original records to an individual without keeping a copy, but you may choose to do so if, for example, you are ceasing practice.

The **maximum fee** you are permitted to charge for providing a **copy** is a total of the following (plus GST):

- (a) if a copy is in the form of black and white A4 pages, 20 cents per page, and
- (b) if a copy is in a form other than a black and white A4 page, your organisation's reasonable costs incurred in providing the copy, and
- (c) your organisation's reasonable costs incurred in assessing and collating the health information, not exceeding \$20, and
- (d) if the health information is contained in a document not stored at your usual place of business, \$10.

If, for example, you are making a copy of an x-ray, you can charge what it has cost you to make the copy. You should advise the individual of the cost in advance.

If the health information is stored in an electronic form, you may wish to give the individual either a print-out or an electronic copy of the information. If you are giving an electronic copy, it should be in a format that cannot be altered.

Accurate summary

An accurate summary must contain the individual's history, any findings on examination, results of investigations, diagnoses, plans of management and action taken or services provided. It only needs to be a summary of existing information. It does not need to include personal comments or opinions by the health service provider or prognoses.

An accurate summary is different to a comprehensive report prepared by a treating health professional at the request of a person's solicitor. If it is unclear whether a request from a solicitor is for an accurate summary under the *HRA* or a comprehensive clinical report, you should clarify this with the solicitor. You can charge your usual fee for a report, as this is not providing access under the *HRA*.

The **maximum fee** you are permitted to charge for preparation of an **accurate summary** if one does not exist, is a total of the following (plus GST):

- (a) an amount that is calculated by reference to the time taken to prepare the accurate summary—
 - (i) based on your usual fee for a consultation of a comparable duration, or
 - (ii) at the rate of \$25 per quarter hour (or part of a quarter hour)—

whichever is the greater, but the fee must not exceed \$80,

and

- (b) if the health information is contained in a document not stored at the organisation's usual place of business, \$10.

Viewing with an explanation

If the individual has requested access in the form of **viewing** the information, accompanied by an **explanation by a health service provider**, then you must give the individual access as follows:

- if you are agreeable, by providing the information for viewing and explaining its content immediately,
- by making an appointment later to provide the explanation, or

- if you are not willing to provide an explanation, you must agree to allow another health service provider who is suitably qualified, to give the individual an explanation, and the following apply:
 - a) you must give the individual a written notice stating the name and address of a suitably qualified health service provider in Victoria who will be available by arrangement with the individual, to explain the health information, or
 - (b) if the individual does not approve the health service provider you have nominated, the individual is able to nominate a health service provider who has consented to be nominated. You must allow that health service provider to give the individual an explanation, provided they are suitably qualified.

The **maximum fee** that can be charged for giving an **explanation** of health information is the amount of the health provider's usual fee for a consultation of a comparable duration. It is unclear whether a Medicare rebate is available for such a consultation.

Is GST payable on fees charged on providing an explanation?

The Australian Taxation Office has provided advice to the Department of Human Services as to whether GST is payable on fees charged on providing an explanation.

For further information, refer to the Department of Human Services website at www.healthrecords.health.vic.gov.au/regs.htm.

6. Refusing access to health information

In some cases, you can refuse access to the individual's health information in full or in part. You must give written reasons for refusing access. An individual can challenge a decision to refuse access by making a complaint to the Health Services Commissioner.

Mandatory refusal of access

The law requires that you **must not** give the individual access to the health information (or part of the health information) you hold about them if:

- you believe on reasonable grounds that giving access would pose a **serious threat to the individual's life or health** or the life or health of **any other person** (Section 26 *HRA*), or
- the health information has been **provided in confidence** by a person other than the individual or a health service provider (such as a relative, friend or employer) with a request that the information not be communicated to the individual (Section 27 *HRA*).

In both these situations, it is suggested that before providing access you delete or remove from any copy to be given or viewed, the information that is to be refused and the identity of any person you are seeking to protect. You must advise the individual of the reason for the refusal.

Second opinion on refusal of access based on serious threat to the individual's life or health

If you refuse access on the grounds that giving the information would pose a serious threat to **the individual's** life or health, the individual is entitled to a second opinion. This is not available if the serious threat is to another person. When advising the individual that access has been refused on this ground, you must advise the individual that they can ask for a 'second opinion'. The objective of this process is to give the individual the opportunity to have the decision assessed and explained by an independent health service provider. First, you might offer to discuss the information with the individual, or arrange for a health service provider to discuss it with them.

If you or the individual do not want to discuss the information, or the individual is unhappy with the outcome of the discussion or is unhappy with the health service provider you have arranged, you must tell the individual that they can ask for a 'second opinion'. They can nominate another health service provider of their own choice to review the decision to deny them access on this ground. The individual may only nominate a health service provider who has consented to being nominated.

In most cases, you are likely to accept their nomination, but if you do not, the individual will need to choose another one. However, you cannot object to the nominated health service provider if they provide the same kind of service as the health service provider who recorded the information and have the ability to interpret and understand the health information. Section 39 (2) of the *HRA* lists other situations where you cannot object.

You must give a copy of the health information to the nominated health service provider within 14 days. The nominated health service provider then looks at the information, discusses it with you, and makes a decision about whether or not it would pose a serious threat to the individual's life or health. If they do not believe it would pose such a threat, the nominated health service provider may allow the individual to inspect the health information or, if you agree, to have a copy of it. If you do not agree to a copy, the individual can only inspect the information. If the nominated health service provider agrees that access does pose a serious threat to the individual's life or health, they can explain this to the individual.

For further information on the process of providing a second opinion, see Information Sheet No. 6 'Refusal of Access on Ground of Threat to Life or Health of the Individual requesting Access' published by our Office. This is available from our website at www.health.vic.gov.au/hsc.

In performing the above functions, a **nominated health service provider** is able to charge the individual a fee. The maximum fee set by law is the reasonable **cost** incurred by them in performing those functions, not exceeding—

- (a) \$40 (plus GST) per quarter hour or part of a quarter hour spent performing those functions, or
- (b) \$200 (plus GST),

whichever is the lesser.

Discretionary refusal of access

Health Privacy Principle 6.1 lists other situations where you may choose not to give the individual access to health information.

These are as follows:

- providing access would:
 - > have an unreasonable impact on the privacy of other people,
 - > reveal the intentions of your organisation in relation to negotiations with the individual, (other than about the provision of a health service), in such a way as to expose the organisation unreasonably to disadvantage,
 - > be unlawful,
 - > be likely to prejudice an investigation of possible unlawful activity, or
 - > be likely to prejudice a law enforcement function by or on behalf of a law enforcement agency,
- the information relates to existing legal proceedings between you and the individual and the information would not be accessible by the process of discovery in those proceedings or is subject to legal professional privilege,
- denying access is required or authorised by or under law,
- a law enforcement agency performing a lawful security function asks you not to provide access to the information,
- the individual has already unsuccessfully made a request for the information at least once before and there are no reasonable grounds for making the request again, or
- the individual has already been provided with access to the health information and they are making an unreasonable, repeated request for access to the same information in the same way.

While the *HRA* gives an organisation discretion to deny access in the above circumstances, access is encouraged wherever possible.

7. Making information available to another health service provider

If an individual asks you to make their health information available to another health service provider, you must provide a copy or written summary of the individual's health information to the other health service provider. This is set out in Health Privacy Principle 11 which applies to health service providers in both the public and private sectors. The request can be made by the individual or by the other health service provider with the individual's authority. You are not obliged to charge for this, however, if you choose to do so, it must not exceed the prescribed maximum fee in the Regulations which is set out below.

The *HRA* does not state whose choice it is whether to provide a copy or a summary. The individual may or may not have stated a preference. You should explain, in advance, to the person requesting the transfer of information, the form in which you propose to transfer the health information. Alternatively you can negotiate this. If, for example, the individual has specifically asked for transfer of a copy and you only wish to provide an accurate summary, by informing them in advance, the individual has a choice of not proceeding with the transfer request. This may result in them seeking a copy through a separate access request.

You must comply with any request as soon as practicable on payment of any fee. As the health information is being given to another health service provider, the mandatory and discretionary refusal of access grounds discussed in Section 6 (i.e. threat to life or health, information given in confidence) do not apply. The distinction between 'old' and 'new' information as described in Section 2 of this document does not apply to information transferred to another health service provider.

You are not required to transfer your original records, but may do so. If you are transferring your original records without keeping a copy, you must make a written note of the name and address of the organisation you transfer them to and should include the date. If you are transferring a large number of original records without keeping a copy, you should prepare a list of the transferred records and provide a copy of the list to the other health service provider so they are aware of precisely what records they have received.

The **maximum fee** you are able to charge to provide a **copy** of health information to **another health service provider** is as follows (plus GST):

- (a) if a copy is in the form of at least 20 black and white A4 pages, 20 cents per page (Note: If there are fewer than 20 pages, no fee can be charged), and
- (b) if a copy is in a form other than a black and white A4 page, your reasonable costs incurred in providing the copy.

You are only able to charge a fee to prepare an **accurate summary to be given to another health service provider** if such a summary does not exist, and if it takes you at least 30 minutes to prepare it. The **maximum fee** you are permitted to charge is a total of the following (plus GST):

an amount that is calculated by reference to the time taken to prepare the accurate summary –

- (i) based on your usual fee for a consultation of a comparable duration, or
- (ii) at the rate of \$25 per quarter hour (or part of a quarter hour),

whichever is the greater, but the fee must not exceed \$80.

If it takes you less than 30 minutes to prepare an accurate summary, a fee cannot be charged.

The *HRA* requires you to take reasonable steps to protect health information from loss and unauthorised disclosure. You may wish to consider sending the material by registered mail or by courier. Who is to meet this cost would need to be negotiated with the individual or other health service provider.

If the individual wishes to collect the file and deliver it to the other health service provider, you need to consider whether this is appropriate in the circumstances.

8. A suggested approach for handling an access request

- Acknowledge the request in writing as soon as possible.
- Take reasonable steps to verify the identity of the person seeking access, if appropriate. Obtain evidence of authority if the person is seeking access on behalf of someone else.
- Where relevant, collate the health information from wherever it is located. Some of the information may be stored electronically, some in paper form on site and some off site.
- Assess the information to check for information that should be denied due to any of the exceptions to access under the *HRA* discussed in Section 6 of this document.
- Delete or remove any information to be denied from any copy or extract of the document being made available. Do not delete the information from the original records.
- Write to the individual within 45 days of receiving the request, advising of the fees to be charged (if any) and advising that access will be provided within seven days of payment of the fee or 45 days from the date of the request, whichever is the later.
- If no fee is being charged, provide access within 45 days of receiving the request.
- Once payment (if applicable) has been made, make arrangements for the collection or forwarding of the requested information to the individual or arrange a time for inspection.
- If access to information is being denied in full or in part, advise the individual in writing of the grounds for the refusal within 45 days of receiving the request.

An example of appropriate wording for a letter setting out the grounds of refusal is as follows:

'The HRA requires Dr Smith to refuse you access to certain health information because the information was given in confidence by a person other than you or another health service provider with a request that the information not be communicated to you' or 'The HRA requires Dr Smith to refuse you access to certain health information because Dr Smith believes that providing you with that information would pose a serious threat to your life or health or the life or health of another person.'

- > If access is refused based on a serious threat to the life or health of the individual, and you wish to discuss the information with the individual, or allow another health service provider to discuss the information with them, you should state this. You must also advise the individual they can nominate a health service provider to assess the grounds for refusal. See the following paragraph for the wording.
- > If access is refused based on a serious threat to the life or health of the individual, and you do **not** wish to discuss the information with the individual or do not wish to arrange for a health service provider to discuss it with them, you should state: *'You can nominate another health service provider to assess the grounds for refusal. You can only nominate a health service provider who has consented to being nominated. If you wish to nominate another health service provider, please advise us of their name, address and telephone number'.*
- > If access is being denied in full or in part, you should include the following: *'If you do not agree with the decision to refuse access, you can make a complaint to the Health Services Commissioner, telephone 8601 5200 or toll-free on 1800 136 066 outside the metropolitan area'.*

9. Right to correct health information

Under the *Health Records Act 2001 (Victoria)*

Health Privacy Principle 6.5 of the *HRA* gives individuals a right to have their health information corrected, if it is held by an organisation in the private sector, and if they can establish that it is inaccurate, incomplete, misleading or not up-to-date.

The *Freedom of Information Act* applies to correction of health information held by a public sector organisation.

Under the *Privacy Act 1988 (Commonwealth)*

As of 21 December 2001, under National Privacy Principle 6 of the Commonwealth *Privacy Act 1988*, an individual has the right to have their information corrected, if they can establish that it is not accurate, up-to-date or complete. This right applies to information held by all private sector health service providers, and other private sector organisations with an annual turnover of more than \$3 million. For more information, contact the Federal Privacy Commissioner on 1300 363 992 (TTY 1800 620 241) or visit the website at: www.privacy.gov.au.

10. Making a request to correct information

How a request to correct is made

An individual can make a request for correction **orally** or **in writing** to the organisation or person they believe holds health information about them. You need to establish procedures for dealing with such requests.

The individual needs to establish that the information is inaccurate, incomplete, misleading or not up-to-date, and what the correct information should be.

Requests made on behalf of someone else

An individual can seek correction on behalf of someone else if they are:

- authorised by them in writing to do so (such as a solicitor, family member or friend),
- their authorised representative (such as a parent, guardian or a person holding an enduring power of attorney), or
- the legal representative of a deceased person.

The request must be made in writing and they must provide evidence of their authority to act on the person's behalf, if you ask for it.

11. Responding to a request to correct

You must notify the individual in writing of your decision as soon as practicable and no later than 30 days of you receiving the request to correct the information.

You can either:

- (a) accept the need to correct the information, and then either:
 - (i) take reasonable steps to make the information accurate, complete and up-to-date, and record with the correction the name of the person who made the correction and the date it was made, or
 - (ii) if there are reasons why the information cannot be corrected (eg the form the information is in does not allow it) or if leaving the incorrect information, even if corrected, could result in harm to the individual or inappropriate health care being provided, ensure that the incorrect information is placed on a record not generally available to future health service providers and to which access is restricted, OR
- (b) not accept the need to correct the information – but if the person making the request provides you with a written statement concerning the requested correction, you must put that statement with the information in dispute.

You must not delete the information in dispute, even if the individual asks you to do so, unless it is:

- at least seven years since you last provided the individual with a health service, or
- if they were last treated when they were a child (under 18), the individual has reached 25 years of age.

You must also take reasonable steps to notify any health service provider who you disclosed the information to before it was corrected and who may rely on the information, of the change to the information.

12. Fees

You cannot charge a fee to correct information.

13. Dealing with a complaint

If you receive a complaint about the way you have responded to a request for access or correction of health information, you should attempt to resolve it with the individual. An individual who has a dispute with an organisation in relation to access to their health records (or any other interference with their privacy) can complain to the Health Services Commissioner on 8601 5200 or toll-free 1800 136 066 if outside the metropolitan area. Complaints need to be lodged in writing.

The Office of the Health Services Commissioner is an independent statutory authority established to provide a complaint mechanism for users of health services to resolve any differences they have with health service providers or about their health privacy.

A complaint can only be made about a request for access or correction that was made after 1 July 2002, or any interference with privacy that occurred **after** 1 July 2002.

14. Complaints procedure with the Health Services Commissioner

The Health Services Commissioner will conduct a preliminary assessment of the complaint. If it is not resolved by the parties during this assessment period of 90 days, a decision will be made whether to accept or decline the complaint. There are specific grounds under the *HRA* for declining a complaint. If a complaint is accepted, the Health Services Commissioner will try to conciliate the complaint.

If the Commissioner decides the complaint is to be declined or is non-conciliable, the complainant has the right to ask the Health Services Commissioner to refer the complaint to the Victorian Civil and Administrative Appeals Tribunal (VCAT) for a determination. The complainant must exercise this right within 60 days of receiving notice of the decision. The types of orders VCAT can make are that the complainant be provided with access, any loss suffered by the complainant be redressed, or compensation be paid.

15. Contact us, your professional association, your insurer or your medical defence insurer for advice

If you wish to discuss any issues relating to access to health information, you can contact the Health Services Commissioner on 8601 5200 or toll-free 1800 136 066 if you are outside the metropolitan area.

You can also contact your professional association, your insurer or your medical defence insurer for advice or guidance.

What is a health service provider?

A health service provider is an organisation that provides:

- (a) an activity performed in relation to an individual that is intended or claimed (expressly or otherwise) by the individual or the organisation performing it –
 - (i) to assess, maintain or improve the individual's health, or
 - (ii) to diagnose the individual's illness, injury or disability, or
 - (iii) to treat the individual's illness, injury or disability or suspected illness, injury or disability, or
- (b) a disability service, palliative care service or aged care service, or
- (c) the dispensing on prescription of a drug or medicinal preparation by a pharmacist.

This includes medical practitioners, dentists, nursing services, pathology services, hospitals, community health centres, physiotherapists, local councils providing health services such as immunisations and home care, psychologists and providers of drug and alcohol services.

An organisation may be a health service provider to the extent they provide a health service as part of their operations. For example, a school may be classed as a health service provider when it is providing a school nurse or counselling services.

If you are a health service provider, all personal information you have collected about an individual in providing a health service, is health information. For example, the individual's employment details, financial details and next of kin are all defined as health information, even though they do not relate to the individual's health. Therefore, you are required to provide access to all information which you have collected about an individual, if the individual requests it.

This document is not part of the *Health Records Act 2001*. It aims to help individuals and organisations understand the access provisions in the *Health Records Act 2001*. Examples have been included where they may be of assistance. The interpretation of the *Health Records Act* contained herein is not binding and should not be relied upon as a substitute for obtaining legal advice.

An organisation will need to refer to the *Health Records Act* and HPP 6 scheduled to the *Health Records Act* to ensure compliance with the legal obligations it imposes.

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Level 30, 570 Bourke St
Melbourne VIC 3000 Australia

Telephone: 8601 5222 (administration)

Telephone: 8601 5200 (complaints)

Toll Free: 1800 136 066

Facsimile: 8601 5219

TTY: 1300 550 275

DX: 210182

Email: hsc@dhs.vic.gov.au

www.health.vic.gov.au/hsc/