



PRIVACY, CONFIDENTIALITY & SECURITY AGREEMENT

For all persons, including Upper Murray Health & Community Services (UMHCS) staff, contractors, volunteers and students

Upper Murray Health & Community Services is committed to ensuring it complies with relevant privacy, confidentiality and security legislation – to protect our clients, our staff and our organisation. As part of this, individuals are required to understand their obligations and responsibilities, including what it means to maintain privacy, confidentiality and security of information.

All persons, including UMHCS 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 UMHCS in complying with relevant legislation of the Health Records Act, the following policies and procedures have been implemented. These documents are available via SharePoint & PROMPT. All persons to whom this agreement pertains should familiarise themselves with these policies and procedures and ensure their work practices are compliant as required.

Privacy of Staff and Privacy of Client Policies

Confidentiality Policy

Release of Patient Information – Source of Enquiry

Computer Network Policy

If you have any questions or concerns relating to privacy, confidentiality or security of information whilst at UMHCS contact:

Shannyn Jarvis

Senior Front Office Clerk

UMHCS

0260 763 228

shannynj@umhcs.vic.gov.au

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Examples of breaches

The following are examples only. They do not include all possible breaches of privacy, confidentiality or security covered by this agreement. Staff/students/contractors should read and understand UMHCS policies and procedures as specified on page 1 of this agreement.

Accessing information that you do not need to know to perform your role:

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

Divulging personal information without the individual's consent:

Discussing or gossiping about patient details in situations unrelated to direct patient care.
Conducting a conversation relating to patient, student or staff information in a public place.
Telling a relative or friend about a patient, student or staff member you have 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 or student file.
Copying and forwarding patient, student or staff information to a third party without having verbal or written consent.

Sharing your password:

Telling a co-worker/colleague/classmate your password so that they can access your work.
Telling an unauthorised person the access codes for employee/student files or patient accounts.
Using unauthorised shared passwords.

Using another person's password:

Using a co-worker's/colleague's/classmate's password to log in to the UMHCS computer system.
Unauthorised use of a password to access employee/student files or patient accounts.
Using a co-worker's/student's application for which you do not have rights after he/she is logged in.

Disclosing patient information without following UMHCS guidelines:

Faxing without including an appropriate fax cover sheet that includes a disclaimer.
Sending unsecured emails.
Sending information to home computers via email.

Leaving a secure information system (i.e. system that is password protected) unattended while logged on:

Being away from your desk (e.g. tea or lunch breaks) while you are logged into a secure system.
Allowing a co-worker/colleague/classmate to use a secure system for which he/she does not have access after you have logged in.

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Agreement

As part of my position/employment/clinical placement at UMHCS I agree to the following:

I WILL ONLY access information I need to do my job.

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 UMHCS procedures).

I WILL NOT misuse or be careless with confidential information.

I WILL NOT disclose my personal computer passwords and will only use shared passwords in authorised situations.

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.

I KNOW that my access to confidential information may be audited.

I WILL NOT remove confidential information (e.g. medical records, photocopied patient forms or electronic data) from UMHCS unless it is an authorised work practice. I understand that this includes sending data via unsecured email or to my home computer.

I WILL NOT disclose UMHCS building entry codes to, or share my Security Swipe Card with, unauthorised people.

I WILL report any activities to my manager/supervisor/educator 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.

I WILL endeavour to wear my UMHCS identification badge at all times whilst on UMHCS premises.

I WILL protect the privacy of UMHCS patients and employees.

I AM RESPONSIBLE for my use or misuse of confidential information.

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 the termination of my position/employment/clinical placement at UMHCS and/or civil or criminal legal penalties.

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

Please sign at orientation

Signature	
Name (print)	
Witness Signature	
Witness name (print)	
Date	
Department	

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