



PRIVACY POLICY FOR RESIDENTS AND VISITORS

1.0 PURPOSE

The purpose of the privacy policy is to describe and define the implementation of the 2020 Privacy Act and the Health Information Privacy Code 2020.

For the full version of the Act and the Code visit:

<https://www.privacy.org.nz/>

2.0 POLICY STATEMENT

As per the Privacy Act 2020 we are committed to protecting your privacy. This Statement of Privacy governs the Collection, Use and Disclosure of Information.

It is our policy that all employees shall implement and comply with the Privacy Act and the Health Information Privacy Code while providing services to our residents and managing details provided by prospects.

Personal, Health and Medical information

Personal, health and medical information is collected to facilitate Village and Care services at our facility. Personal, health and medical information are collected directly from residents, prospects, their relatives/legal representatives and other authorised personnel such as General Practitioners, NASC, Hospitals, referrers/visitors and through our own observations and assessments.

Personal information, health and medical information is used and disclosed solely for the purpose of managing the well-being and providing quality aged care to the residents and/or to further the health and safety of the other residents within our facility.

The personal information that we collect includes:

Your name, email and postal address, date of birth, contact details, the name of your GP, emergency contact details, EPOA, and other personal details, your NHI number, medical history, and health information such as medical test results, diagnosis and treatment. We collect personal information that may only be collected where it is necessary for, or directly related to, one of our functions or activities.

Use of your Personal Information

We collect and use your personal information to deliver the services you have requested.

We do not use or disclose personal information, without your explicit consent.

We will disclose your personal information, without notice, only if required to do so by law or in the good faith belief that such action is necessary to:

- (a) comply with legal process served on us;
- (b) protect and defend the rights or property of our facility; and,
- (c) to protect the personal safety of users of our facility, or the public.

Security of your Personal Information

We secure your personal information from unauthorised access, use or disclosure.

Contact Information

We welcome your comments regarding this Statement of Privacy. If you believe that we have not adhered to this Statement, please contact us, or speak with the General Manager. If anything is not clear or you wish to have more information, please contact the manager to discuss it further. We will do what is possible to promptly determine and remedy the problem.

3.0 PRIVACY OFFICER AT NORTHBRIDGE LIFECARE TRUST

The General Manager is the Privacy Officer at Northbridge Lifecare Trust and can be contacted at Privacy@northbridge.co.nz.

4.0 RESPONSIBILITY/AUTHORITY

It is the responsibility of the Privacy Officer: -

- To assure that Information Privacy Principles (IPP) are followed by all employees.
- To recommend corrective action if it is interpreted that these rules have not been followed.
- That any information collected must be for a lawful purpose and it must be necessary for that purpose.
- That the information of a Resident's or Prospect's personal and health details is to be collected directly from the Resident/Prospect or authorised person (with appropriate consent).
- That information cannot be collected by unlawful or unfair means or ways that intrude on the personal affairs of the resident.
- To deal with requests made to the agency under this Act. That information is not disclosed unless, it is to the resident themselves, or to their representative, disclosure is authorised by the resident, or it is for the purpose collected.
- It is a resident's/prospect's right to have access to all information regarding themselves. This includes documentation. Access to information requested by others/family/whanau is only given with resident/prospect consent. If they are unable to speak for themselves, their legal representative has the right to this information.
- That sensitive or private discussions, examinations or procedures are conducted in a manner or environment where the risk of being observed or overheard by others is minimized or eliminated.
- That information is accurate, up-to-date, complete, and not misleading.
- That the resident/prospect know they are entitled to correct the information if they wish to do so.
- Information needed by another health care professional i.e., doctor, hospital etc is only given after resident/prospect has signed a release form.

5. POLICY FOR COLLECTION, USAGE, STORAGE AND SECURITY OF INFORMATION – RESIDENTS AND PROSPECTS

5.1 Policy

Personal information will be collected, stored and used in a secure and appropriate manner and in accordance with the current Privacy Act and the Health Information Privacy Code (HIPC).

5.2 Procedure

5.2.1 Information is only collected to:

- Help us to provide Village and Care services in a safe manner
- To enable us to provide other services and Government bodies with information to which they are legally entitled.

5.2.2 We undertake to:

- Only collect information which is necessary for providing Village and Care Services, this may include photographs for identification purpose
- Only use information for its intended purpose
- Keep the information secure in any format
- Only allow authorised employees to access that information
- Only pass on information to other health care services which is necessary for further treatment and care
- Only pass on to Government bodies that information to which they are legally entitled
- Allow the resident, prospect, or their representative to check the accuracy of that information and request corrections to it, if necessary.

5.3 Objective

To ensure privacy of all our private information and documentation for the protection of clients, staff, visitors, management and others who may be associated with the organisation.

5.4 Process

5.4.1 Access

- We store all documentation securely and only accessible by authorised employees.
- No residents/non-employees to be in the office unless accompanied by or with an employee.

5.4.2 Storage

- All current private documentation is securely stored in the staff offices and on electronic database. Access to electronic database is password secured.
- Out of date documentation is securely archived in storage area in labelled envelopes/boxes and remains traceable. Online documentation is archived electronically.
- After our relationship with the individual has ended:
 - 10 years for medical information
 - 7 years for general or financial or tax information

5.4.3 Destruction

Records that are no longer required, or have satisfied their required periods of retention, are securely destroyed via a secure destruction method, e.g., shredder or secure paper recycling bin.

5.4.4 Distribution

No information shall be given to 'enquirers' about residents/prospects unless they are authorised to receive any information, or proven health professionals. The person giving information must have clearance from management.

Should a resident be transferred to another facility e.g. another rest home or private hospital, their clinical notes/documentation may go with them as their private property. All courses of action regarding the release of information must be clearly documented, signed and dated.

We may also disclose a resident's information in the situations outlined below:

- a) No EPA in place – personal information to family members or carers if we consider it necessary or desirable for the purposes of the resident's care or wellbeing.

- b) Resident taken to hospital – Basic information about the resident’s presence, location and condition in the hospital to anyone on request, so long as the resident has not instructed against this.
- c) Resident passes away – Information of the resident’s death to a person nominated by that resident, or the resident’s EPA, partner, spouse, principal caregiver, next of kin, whanau, close relative or other person you would expect to inform in those circumstances.

5.5 Responsibilities

- Staff handling the records is responsible for returning them to their original place.
- Manager (or delegated person) to ensure records are kept in a good condition. To replace folder/envelopes when deteriorated due to daily use.
- We try not to have records taken off site but in case a resident is taken to the GP’s surgery and in order to keep records up to date the records will be taken by person accompanying the resident and when signing out resident a note is also put in that resident’s file is taken. On return both the resident and file are signed back in.
- Electronic records are password protected.

5.6 Records

- Any information held can only be used for the purpose for which it was collected unless the resident/prospect consents for its use somewhere and someway else.
- That records are protected against loss, access, use, modification and disclosure and misuse. If a document is being disposed of it must be done so that the privacy of the resident is retained.
- Records are kept up to date.
- Records are always returned to office or archive after use by person taken them out in the first place.
- Records are kept in such a manner as to ensure non-deterioration and/or damage insecure area only accessible to authorised staff.
- Consent will be obtained from all new care facility residents on admission on the “Health Information Release Consent.”

5.7 Use of Cameras (CCTV)

- **People including residents, visitors, and employees**, are made aware of the CCTV through signage.
- Cameras only collect data from common areas. (not bedrooms, toilets, showers etc)
- The images are only used for resident’s safety and investigation of incidents in the Village.
- Images are kept up to 4 weeks unless there is a need to download to a storage device.
- Images can only be viewed by authorised personnel and by government agencies, if needed.
- To ensure we protect everyone’s privacy, we do not allow CCTV or any other recording device to be installed in a resident’s room without our permission.

6. POLICY ON ACCESS TO PERSONAL INFORMATION

6.1 Policy

The resident, prospect or nominated representative is able to access their personal and health information held at Northbridge, and any such request is treated in an informed and professional manner in keeping with legislation.

6.2 Procedure

- 6.2.1 The manager or delegated person is responsible for dealing with and responding to any requests for personal and health information within 10 working days of the request being made.
- 6.2.2 Once the identity of the requesting party has been confirmed the information may be made available by the inspection of documents, a copy of the document, a written or verbal summary.
- 6.2.3 If a correction is requested to health information held by the facility, the resident or representative is entitled to request that correction, If the correction is not made then a statement is attached stating that a correction was sought but not made.
- 6.2.4 Management takes reasonable steps to ensure that the information is correct and that it is accurate, up to date, complete and not misleading.
- 6.2.5 Management will inform the individual concerned of the action taken as a result of the request.

6.3 People/agencies (outside the organisation) who may ask for personal information.

- Facility clinical staff
- An individual's own medical doctor
- Consulting doctor in an emergency
- Ambulance staff in an emergency
- Public Hospital staff in an emergency
- Government agencies

6.4 Complaints

Anyone wishing to complain under the Privacy Act about either

- a) being denied access to information or
 - b) information having been divulged inappropriately
- may complain in writing and deliver it to the General Manager at Privacy@northbridge.co.nz .

The General Manager or their delegate must inform all parties of the results of any investigation into the complaint and what further action (if any) is proposed within 10 working days of receiving the complaint. [In some cases, it is within 5 working days].

7. Privacy Breaches

- Residents are encouraged to discuss any breaches, or potential breaches of privacy, with the privacy officer or their delegate, in a confidential manner.
- If there is a privacy breach, the privacy officer must be notified immediately.
- They will commence an investigation within 10 working days, and keep all parties concerned updated with progress. [In some cases, it is within 5 working days].

8. Assessment

- The role of the Privacy Officer or their delegate is to assess any potential breach of privacy.
- Privacy is defined quite widely; it covers accidental or unauthorised access or loss, or situations when information becomes unavailable.
- They will determine if the breach has caused, or is likely to cause, serious harm to the individual to whom the information is related.
- There are some exceptions to whether or not a breach is notifiable, such as if the health of the individual could be prejudiced by telling them about the breach.
- There are also some defences that can apply, for example if you reasonably believe that there is no requirement to notify, but if it turned out there was a requirement, you wouldn't get fined.

9. Notifying the Privacy Commissioner

- If required the Privacy Officer will notify the resident/prospect/visitor and the Privacy Commissioner, of a breach of privacy. <https://www.privacy.org.nz/>
- They will notify the parties as soon as practicable after becoming aware of the breach.
- They will notify what happened and what actions they are taking to manage the breach.