

Client Privacy Policy

Table of Contents

About this Policy	2
How CNS HQ Handles your Information	2
CNS HQ’s Legal Obligations	2
What information does CNS HQ collect?	2
How does CNS HQ collect health information?	2
How does CNS HQ use your information?	2
Who might we disclose your information to?	2
Other health/education professionals involved in your treatment.....	2
Referring Medical Practitioner	3
Relatives, guardian, close friends or legal representative	3
Other uses and disclosures	3
Other uses with your consent	3
Access to and correction of your health information	3
Data Quality	3
Data Security	3
What to do if you have a complaint about privacy issues	4
You have a Right to Advocacy	4
How to contact us	4
Consent Form	5

About this Policy

CNS HQ is committed to protecting the privacy of personal information we collect and hold about individuals.

CNS HQ complies with the Australian Privacy Principles (APPs) under the Privacy Act 1988, other privacy laws that govern how private sector health service providers like CNS HQ handle your personal information (including your health information), and Speech Pathology Australia's Code of Ethics (2010).

This policy provides guidelines on the collection, use, disclosure and security of your/your child's information. The Privacy Policy contains information on how you may request access to, and correction of, your/your child's personal information and how you may complain about a breach or perceived breach of your/your child's privacy and how we will deal with such a complaint.

CNS HQ is a private allied health practice under the ownership of Mieka and Zach Main.

How CNS HQ Handles your Information

CNS HQ's Legal Obligations

In order to provide you with the health care services that you have requested, CNS HQ will need to collect and use your personal information. If you provide incomplete or inaccurate information to us or withhold personal and health information from us we may not be able to provide you with the services you are seeking.

What information does CNS HQ collect?

We will only collect the information we need for the particular function or activity we are carrying out.

We collect information from you that is necessary to provide you with our therapeutic services and to manage our relationship with you. The information we collect includes: your name, date of birth, address, health fund details and information about your health history, diagnosis and family history. We require this information to help us provide the highest level of care and support for you.

How does CNS HQ collect health information?

We will usually collect your health information directly from you. Sometimes, we may need to collect information about you from a third party (such as a relative or another health service provider).

If you are unable to provide us your information because of your disability, we will collect this information from your nominee/guardian.

How does CNS HQ use your information?

CNS HQ will use your information to provide speech pathology, occupational therapy service, and any other therapeutic service to you, to manage our relationship with you and to contact you in relation to matters concerning your care. We may also use your information for other purposes permitted under the [Privacy Act 1988 \(Cth\)](#).

Who might we disclose your information to?

Other health/education professionals involved in your treatment

Your personal information will generally only be used by the CNS HQ clinician(s) involved in your care, however on occasion your care may be provided by a number of health/education professionals from different organisations (for example: teachers, a psychologist, etc) working or consulting together. We

may disclose your information to these health professionals as part of the process of providing you care.

Referring Medical Practitioner

CNS HQ will usually send a discharge summary to the referrer (i.e., your medical practitioner) following discharge from CNS HQ or at other times, as required.

If you do not wish for us to provide a copy of your discharge summary to the referrer you must let us know. Also, if the referrer's details have changed please let us know.

Relatives, guardian, close friends or legal representative

We may provide information about your condition to your parent, child, other relatives, close personal friends, guardians, or to a responsible person for you, unless you tell us that you do not wish us to disclose your health information to any such person.

Other uses and disclosures

In order to provide the best possible environment in which to treat you, we may also use or disclose your personal and health information where necessary for:

- activities such as quality assurance processes, accreditation, audits, risk and claims management, patient satisfaction surveys and staff education and training;
- invoicing, billing and account management;
- to liaise with your health fund, Medicare or the Department of Veteran's Affairs and where required provide information to your health fund, Medicare or the Department of Veteran's Affairs to verify treatment provided to you;
- the purpose of sending you standard reminders, for example for appointments and follow-up care, by text message or email to the number or address which you have provided to us.

Other uses with your consent

With your consent we may also use your information for other purposes such as including you on a marketing mail list, or research. Please note, however, that unless you provide us with your express consent for this purpose, we will not use your information in this way. We will not disclose your personal information to any individual who is outside Australia.

Access to and correction of your health information

You have a right to access the personal and health information that we hold about you. You can also request an amendment to your personal and health information should you believe that it is inaccurate.

If we do not agree to change your medical record/personal information in accordance with your request, we will permit you to make a statement of the requested changes and we will enclose this with your record.

Should you wish to obtain access to or request changes to your health record you can ask for our Privacy Officer (Zach Main) who will help you with this. Please note that CNS HQ may recover reasonable costs associated with supplying this information to you.

Data Quality

CNS HQ will take reasonable steps to ensure that your personal information which we may collect, use or disclose is accurate, complete and up-to-date.

Data Security

CNS HQ will take reasonable steps to protect your personal information from misuse, interference, loss, unauthorised access, modification or disclosure. CNS HQ will destroy or permanently de-identify any of your information which is in its possession or control and which is no longer needed for the

purpose for which it was collected, provided CNS HQ is not required under an Australian law or court/tribunal or otherwise to retain the information.

What to do if you have a complaint about privacy issues

If:

- a) you have questions or comments about this Privacy Policy;
- b) CNS HQ does not agree to provide you with access to your personal information; or
- c) you have or a complaint about our information handling practices,

You can lodge a complaint with or contact our Privacy Officer, Zach Main, on the details below. We will promptly review your complaint and provide a response to you.

If you wish to make a complaint about CNS HQ to an external party, you are very welcome to do so. The NDIS Commission are responsible for following up all complaints about a service provider. These are the steps to follow to make a complaint:

NDIS Commission: go to <https://www.ndiscommission.gov.au/about/complaints-feedback/complaints> for up to date steps on how to make a complaint.

- Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
- [National Relay Service](#) and ask for 1800 035 544.
- Completing
a <https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=PRD00-OCF> (follow the link or ask us to help you fill this form out online).

You have a Right to Advocacy

If you ever feel like you need someone to help you make a complaint, provide feedback, or simply help you throughout your service journey, you have the right to access an advocate. Go to <https://www.ndiscommission.gov.au/participants/support-for-participants/disability-advocacy> to read more about an advocate and how they might be able to assist you.

Go to <https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/> to find out what agencies can provide advocacy services to you in your town.

How to contact us

If you have a complaint about privacy issues, please contact CNS HQ via the following:

By letter: Privacy Officer
CNS HQ
9 William Street
Berri, SA, 5343

By email: complaints@cnsHQ.com.au

By telephone: (08) 8582 1645
Ask to speak to the Managing Director or Clinical Director.

Consent Form

To ensure the process of quality treatment provision, information about your/your child’s assessment results and progress may be given to other relevant service providers, who are involved in your/your child’s management. These may include your/your child’s doctor, teachers, specialists, insurers, solicitors, employers or others, but only where it is considered to be of benefit to your/your child’s progress. Please provide names of individuals involved in you/your child’s care.

This organisation will work closely with other agencies to coordinate the best support for you and your family. Your informed consent for the sharing of information will be sought and respected in all situations unless:

- we are obliged by law to disclose your information regardless of consent or otherwise
- it is unsafe or impossible to gain consent or consent has been refused, and,
- without information being shared, it is anticipated a child, young person or adult will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public health or safety.

The primary purpose(s) of this service has been explained to me and I consent to the sharing of my personal information to assist in achieving the primary purpose(s). YES NO

Proposed Use and Disclosure of my personal information

I understand that the following service(s) are recommended and relevant information about me may be forwarded to the agency(s) that provide these services, in order that I receive the best possible service.

Service Type	Name of Agency	Type of Information <i>(including limits as applicable)</i>

I _____ (Nominee/Parent), have read the above information and understand the reasons for collecting the information and the ways in which the information may be used. I understand that it is my choice as to what information I provide, and that withholding or falsifying information might act against the best interests of my/my child's assessment and therapy progress. I am aware that I can access my/my child's personal and treatment information on request and if necessary, correct information that I believe to be inaccurate. I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me. I understand that the Practice must obtain additional consent if the information collected is to be used in any ways other than that outlined above.

Written Client Consent

OR

Verbal Consent

CNS HQ has discussed with me how and why certain information about me may need to be provided to other service providers.

I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed:

Date: / /

Signed by: Client OR Nominee

Name:

Witnessed:

Workers Use Only

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referrals with the client or authorised representative and I am satisfied that they understand the proposed uses and disclosures and have provided their informed consent to these.

Signed:

Name (Worker):

Date: / /

Position:

Record of Client Consent

To ensure the client is able to make an informed decision about consent to the disclosure of their information, CNS HQ will: (tick when completed)

1. Discuss with the client the proposed referral to other services/agencies.
2. Explain that the client's information will only be released if the client has agreed and advise that services will still be provided even if the client does not want information disclosed.
3. Explain that information will be shared without consent if there is a serious threat to the health or safety of person(s), to report illegal activity or is required under law.
4. Provide the client with our privacy policy.