

# LEGISLATION WORKBOOK

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## Medical Administration Training

### **Disclaimer**

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## Ethics and Legislation

All workers, regardless of their field or profession, operate within a legal and ethical framework of some kind. This simply means that we all work within the boundaries defined by applicable laws and ethical standards.

Health service providers as well as some non-health service providers such as schools, insurers and government agencies all collect health information. This may include medical histories, test results, sick leave certificates, medication lists and more. There are laws about how organisations must handle these health records and the client's personal information.

An ethical framework refers to the system of principles, rules or standards by which human actions are judged right or wrong.

A code of ethics is a set of core ethical principles that informs and guides ethical practice within a profession. It defines the values and responsibilities that are fundamental to a particular profession.

A code of conduct is described by The Ethics & Compliance Initiative as follows:

A code of conduct is intended to be a central guide and reference for users in support of day-to-day decision making. It is meant to clarify an organisation's mission, values and principles, linking them with standards of professional conduct. As a reference, it can be used to locate relevant documents, services and other resources related to ethics within the organisation.

A legislative framework refers to the Legislative Acts, Regulations, Rules and Directions that govern an industry and/or organisation.

### Legal vs. Ethical

"Legal" and "ethical" are often used in the same sentence. Though there is a relationship between the two, the concepts are not interchangeable. They often clash and work with each other so it is important to understand the differences.

Ethical standards are based on the human principles of right and wrong. The differences between them are these: Legal standards are based on written law, while ethical standards are based on human rights and wrongs.

### What are ethics?

Ethics are the standards, beliefs or motivation for behaviours that are valued by you as an individual or valued by a group to which you may belong.

Ethics are similar to morals and are 'internal'. However, the law is concerned with prescribing conduct and is 'external' to individuals.

These are values, beliefs and attitudes each of us has about:

- how things should be in the world
- how people should act in certain circumstances
- how the important aspects of life are handled (e.g. money, family, relationships, power, male and female roles).

These beliefs and attitudes are extremely important and personal. Values are formed and absorbed by us all as we develop from childhood and through adulthood.

### **Ethical and impartial service delivery**

All organisations have expectations of the way in which they want their employees to behave and carry out their jobs. To work effectively, you need to know what is expected of you and be able to shape your work practices to meet these requirements.

There are two key aspects to ethical and impartial service delivery:

- Personal values, principles and beliefs (these are covered in detail in Personal values, principles and beliefs below).
- The impact of the personal values, beliefs and attitudes of clients and their social network.

### **Personal values, principles and beliefs**

Ethical decision-making and ethical behaviour involve being prepared to take account of the wellbeing of others. In other words, they require making decisions based on values and standards that go beyond self-interest.

Here are some values/principles that underpin ethical thinking and decision-making:

**Individualisation:** Each person has the right to be an individual and not need to conform to another's expectations.

**Acceptance:** Accept each person as they are. This includes their lifestyle, culture, colour of skin, religious belief, style of dress, where they live, income, etc.

**Self-determination:** Each person has the right to make their own choices and decisions and do things their way.

**Confidentiality:** People have a right to their privacy and to know that all information about them is kept confidential unless they approve of the information being shared with others.

**Respect:** Each person has a right to be respected for who they are and not for what others want them to be. This means that young people in detention and supported accommodation need to be treated with as much respect as any other member of the public.

**Expression:** People have the right to express themselves in a way that suits them (including sexual preference, dress, creativity, religious beliefs, etc.), as long as that expression is not hurting someone else.

**Safety:** People have the right to a safe and comfortable environment and to feel safe when they are with others in public.

### **Ethical dilemmas**

Ethical dilemmas may not arise in the form of stark choices between absolute right and absolute wrong. These situations are called ethical dilemmas; they can cause a great deal of inner conflict and concern.

The Practice, Practitioners and other healthcare workers often need to manage ethical issues and dilemmas in many different primary healthcare situations.

Examples of situations that might create ethical dilemmas in a practice include:

- Patient–practitioner relationships (familial relationships, friendships, romantic relationships)
- Patients giving gifts to the practitioner or staff
- Emotionally charged clinical situations (e.g. when a patient has an unwanted pregnancy or terminal illness, or wishes to discuss euthanasia)
- Reporting to the state’s driver licensing authority that a patient is unfit to drive
- A patient’s request for a medical certificate if the practitioner does not believe that the patient’s condition warrants one

Healthcare workers should be particularly aware of issues relating to professional boundaries.

### **Professional boundaries**

As with all professions, healthcare workers are expected to uphold key boundaries to protect themselves, the patients and the organisation they work for. These boundaries are meant to ensure that relationships between healthcare workers and patients remain professional, even when working on very personal and difficult issues.

One of the more difficult ethical dilemmas with which you may be confronted relates to boundary violations in working relationships. This occurs when a professional worker or employee forgets that they are in a professional relationship and not a friendship. Once this professional relationship has been lost, there is then potential for the worker to become over-involved with the client and potentially violate the client's rights.

Professional boundaries need to be observed to ensure that professional standards are maintained. Professional boundaries do not mean the avoidance of another person and their

problems. Acting professionally assists you to deliver care to someone whom you may not like personally.

These are a few of the major boundaries that may have implications for you and/or the practice:

- Self-disclosure: Information about yourself and your personal life should not be disclosed to patients.
- Working within your competence. It is important that you understand the limitations of your role and of your personal capabilities and when to refer the patient back to the medical practitioner.
- Developing strong feelings for the client
- Having very personal conversations with the patients
- Receiving gifts
- Physically touching the client

### Conflicts of interest

A conflict of interest is any factor that may prevent you from being objective and impartial in your work and may arise because:

- Of your personal beliefs or values
- Because of your relationship with a patient or colleague
- Or because you stand to gain from approaching your work in a certain way.

It is quite possible that in our work life, there will be a conflict of interest between our own personal values, those of our family and friends, our professional values and organisational values or policy.

When there is conflict of the above interests, it is important to recognise them and to solve the conflict in an ethical manner. When personal values and interests are pursued in work time, or you are using information only accessible to you as a worker for the benefit of yourself, family or friends, a conflict of interest exists.



A conflict of interest refers to a conflict between someone's private interest and their official duty.

Conflict of interest may include:

- Accepting bribes, gifts or favours for services performed as part of official duties
- Improper use of official information
- Giving favours to friends or relatives
- Outside employment or activities that interfere with your ability to perform your duties in a professional manner
- Membership of an organisation or political activity that interferes with you professionally performing your duties
- Pecuniary (money-related) or non-pecuniary conflict
- Real (or actual) conflict of interest - a real (or actual) conflict of interest exists where an employee's private interests have interfered with their duties or are likely to do so.

### Identifying a conflict of interest

The following questions can help identify a conflict of interest:

- Can I or my family, friends or business associates benefit directly from this situation?
- Would a fair and reasonable person in the same position as I make the same decision?
- Have I considered all options on an equal basis?
- Would my actions withstand public scrutiny?

## Legislation

Legislation is created by parliament. Therefore two sources of legislation can impact on your workplace responsibilities. They are the Commonwealth Parliament (Federal laws) and the Queensland Parliament (State laws).

Legislation passed by Commonwealth and state parliaments becomes law. An example of Queensland law that defines and dictates workplace responsibilities is the Workplace Health and Safety Act 2001 (Qld). Examples of Commonwealth legislation that have an impact on our workplace responsibilities and obligations are the Privacy Act 1988 (Cwth), and the Anti-Discrimination Act 1991 (Cwth).

There are numerous legislations and acts that apply to healthcare workers and the staff that work in them.

The following provides some information about various pieces of legislation commonly used in the healthcare environment:

(Please note, we have used Queensland legislation as an example however legislation will differ from State to State)

### **Health services legislation**

- [Health Insurance Act 1973](#)
- [Health Services Act 1991](#)
- [Aged Care Act 1997](#)
- [Health Ombudsman Act 2013](#)
- [My Health Records Act 2012](#)
- [Therapeutic Goods Legislation](#)
- [Health \(drugs and poisons\) Regulation 1996](#)
- [National Code of Conduct for Health Care Workers \(Qld\)](#)
- [diseases-infection/notifiable-conditions](#)

### **Community services and disability services legislation**

- [Child Protection Act 1999 \(Qld\)](#)
- [Commission for Children and Young People and Child Guardian Act 2000 \(Qld\)](#)
- [Disability Discrimination Act 1992 \(Cwlth\)](#)
- [Disability Services Act 1986 \(Cwlth\)](#)
- [Disability Services Act 2006 \(Qld\)](#)
- [Guardianship and Administration Act 2000 \(Qld\)](#)
- [Juvenile Justice Act 1992 \(Qld\)](#)
- [Mental Health Act 2000 \(Qld\)](#)
- [Police Powers and Responsibilities Act 2000 \(Qld\)](#)
- [The Children's Court Act 1992 \(Qld\)](#)

### **General employment legislation**

- [Anti-Discrimination Act 1991 \(Qld\)](#)
- [Public Sector Ethics Act 1994 \(Qld\)](#)
- [Whistleblowers Protection Act 1994 \(Qld\)](#)
- [Workplace Health and Safety Act 2011 \(Qld\)](#)
- [Trade Practices Act 1974](#)
- [Competition and Consumer Act 2010](#)

### **Legislation with confidentiality provisions**

- [Child Protection Act 1999 \(Qld\)](#)
- [Family Law Act 1975 \(Cwlth\)](#)
- [Right to Information and Information Privacy Legislation replacing the Freedom of Information Act 1992:](#)
- [Juvenile Justice Act 1992 \(Qld\)](#)
- [Mental Health Act 2000 \(Qld\)](#)
- [Powers of Attorney 1998 \(Qld\)](#)
- [Privacy Act 1988 \(Cwlth\)](#)

## Where can I source healthcare and other legislation?

Some common examples are:

- Workplace policies and procedures.
- Practice Manager or other senior staff members
- <https://www.legislation.gov.au/>
- <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-state-legislation-links.htm>
- <https://www.ahpra.gov.au/about-ahpra/what-we-do/legislation.aspx>
- <https://www.australia.gov.au/information-and-services/public-safety-and-law/legislation>
- <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-eta2.htm>
- [https://www.health.qld.gov.au/data/assets/pdf\\_file/0014/444101/national-code-conduct-health-workers.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0014/444101/national-code-conduct-health-workers.pdf)
- Peak Health Bodies

## Peak Health Bodies

Australia has a large number of peak health professional organisations. Below are four commonly known peak health bodies:

**Medical Board** - All doctors must be registered with the Medical Board. The Medical Board looks after complaints about doctors and issues of professional conduct. It also ensures that only properly trained doctors are registered and administers the registration of doctors who have trained overseas.

**The Royal Australian College of General Practitioners (RACGP)** - Works to improve standards in general practice and of doctors' education and training. It also provide a set of standards that practices are accredited against to make sure that what they are doing meets the needs of the patients.

You can see the latest edition of the standards at: [https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-\(5th-edition\)/](https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)/)

**The Australian Medical Association (AMA)** - Is the most influential membership organisation representing registered medical practitioners and medical students of Australia. The AMA exists to promote and protect the professional interests of doctors and the health care needs of patients and communities.

**Department of Health and Ageing** - Works to achieve better health and active ageing for all Australians. Areas of responsibility include:

- Aboriginal and Torres Strait Islander health
- Ageing conditions and diseases
- Medicare
- Mental health
- Palliative care
- Pharmacy
- Public and private healthcare
- Rural and regional health services

# Working Legally and Ethically as a Health Care Administrator

## Privacy

**Privacy is so important.** Patients in a medical practice need to know their information is kept private and confidential. It is important that all patients understand the practice privacy policy and new patient's paperwork should include a statement that patients sign to say they agree with the practice privacy policy.

Information collected in the medical sector is often highly sensitive and organisations must adopt the highest privacy compliance standards to ensure that patient's personal information is protected. The National Privacy principles (NPP) set the minimum standard for privacy that organisations must meet.

As a staff member of a medical practice you are bound by medical ethics, this means that information entrusted to you regarding patients, principles and other staff or any office matter should be treated as strictly confidential and should not be discussed with others outside the practice. Staff will be asked to sign a confidentiality agreement.

Some ways to ensure privacy and confidentiality in the practice?

- Never discuss a patient's medical history with anyone
- Voices should be kept low at all times throughout the medical practice
- Never give medical records or reports to anyone including the patient without the doctor's consent
- Make sure computer screens are not able to be seen by patients standing at the reception desk
- Files should not be left on the reception counter or be able to be seen if they are on the desk.
- Be careful of the notes you enter on the system use only professional language not your thoughts.
- Be careful what, to whom and where you discuss patient's personal information

## Confidentiality

Confidentiality refers to personal information shared with a solicitor, lawyer, physician, therapist, or other individual that generally cannot be divulged to third parties without express consent of the patient. We often use the terms "confidentiality" and "privacy" interchangeably in our everyday lives, however, they mean distinctly different things. Confidentiality is an ethical duty, privacy is a right rooted in common law.

### **Importance of confidentiality**

Working in a medical environment involves handling large amounts of sensitive and personal information. Confidentiality is the protection of personal information. Confidentiality means keeping a patient's information between the health professional, administrative staff and the patient, and not releasing this information to anyone without the consent of the patient. In most cases this consent must be in writing.

There is, however, no such thing as absolute confidentiality in the health/community services industry. Workers are required to keep notes on all interactions with patients and often to keep statistics about who is seen and what issues are addressed. As a health worker, there will be times when you could be faced with some personal difficulties regarding confidentiality. You need to give your patient assurance that what is said will be in confidence (that it will stay secret between you and the patient) because, unless you are able to do that, the patient is unlikely to be open with you. However, you also need to be aware of the limits to the confidentiality that you are offering.

### **Cases where the law requires disclosure of information:**

- If the health and or welfare of a child or young person is at risk. You are required to contact department of community services and notify them of your concerns.
- If your patient tells you he/she has committed a serious crime. You are required to notify your supervisor or the police directly.
- If a worker is subpoenaed to present information in a court of law
- When the patient needs to be protected from harming themselves (e.g. if suicidal)
- Where others may need to be protected (if the patient has threatened to harm others or will do so inadvertently)

Respecting the privacy and confidentiality of service users is an integral part of service delivery. It is not just an ethical consideration, but also a legal one.

Recognition of the need to ensure confidentiality can be found in:

- The Privacy Act 1988 (Cwth)
- The Australian Privacy Principles

The Privacy Act 1988 (Cwth) defines personal information as:

Information or an opinion, whether true or not, and whether recorded in a material form or not, about an identified individual, or an individual who is reasonably identifiable.

The main examples of personal information are:

- Name
- Signature
- Address
- Telephone number
- Date of birth
- Medical records
- Bank account details
- Commentary or opinion about a person

The Australian Privacy Principles set out the parameters to be followed by the Australian Government and non-government organisations who deal with people's personal information. The Australian Privacy Principles require service providers and agencies to have their own policies and procedures in place to protect the privacy of service users.

The following are a few key points to remember to ensure that the privacy of service users are protected:

- Do not discuss service users' information in informal settings with people outside the organisation, such as friends or family.
- Do not discuss individual cases in public settings where there are other people present e.g. during meetings, conferences etc.
- Do not disclose personal information about a service user to any third party without the service user's informed consent.
- File documents that contain personal information about service users appropriately and avoid leaving them in areas where they can be seen by other people.

If you need to release a service users' personal information or disclose information about them to another party, you need to seek the 'informed consent' of the service user.

# Roles and Responsibilities

## Workers' responsibilities

Health professionals play a central and critical role in improving access and quality health care for the population. They provide essential services that promote health, prevent diseases and deliver health care services to individuals, families and communities based on the primary health care approach.

Workers have a responsibility to their patients to reduce or limit the amount of harm or injury they may experience. This responsibility is known as 'duty of care' and it can sometimes seem overwhelming. For example, our responsibility to one party (for example, our employer) might conflict deeply with our responsibility to our patients. It helps to remember that duty of care is a balancing act.

There are several aspects to duty of care:

- Legal - What does the law suggest we do?
- Professional / ethical - What do other workers expect us to do?
- Organisational - What does our organisation, and its funding body, say we should do?
- Community - What do the parents of our patients and other community members expect us to do?
- Personal - What do our own beliefs and values suggest we do.

Having clear lines of accountability and responsibility is part of good governance. It encourages continuous improvement in safety and patient care.

When specific roles and responsibilities are agreed to and documented (e.g. in position descriptions):

- The practice can monitor each team member's performance against their role's requirements, and determine whether any support and training is required
- Each team member knows who they are reporting to for each duty or responsibility
- Each team member knows who is responsible for each aspect of the practice's operations.

Health administrators and receptionist roles are important to the efficient running of a practice. Whether by telephone or in person the receptionist is the first point of contact a patient usually has with the practice.

The receptionist's approach, professionalism and sense of empathy can greatly impact how the patient feels and whether they return to the practice.

You can make a real difference to the patient experience by:

- Being professional
- Being pleasant
- Using manners
- Being respectful
- Being ethical
- Showing empathy

## **Duties**

There are different types and sizes of medical and allied health practices. A medical receptionist may work at a small local doctor's surgery, a large medical practice, a specialist practice, an allied health practice, a hospital or community health centre.

No matter the size or type of practice the receptionist has many duties to perform throughout the day however the main focus is obviously on professional customer service, greeting patients, taking phone calls, booking appointments and billing patients.

Information that relates to your duties may come from:

- Induction and training
- Job descriptions that describe in more detail your role, tasks, responsibilities, and your level of authority
- Workplace policies that are clear, simple statements of how the practice intends to conduct its services.
- Workplace procedures may specify who in the organisation is responsible for particular tasks and activities, or how they should carry out their duties.
- Other relevant personnel such as co-workers, supervisors or the practice manager
- Performance reviews

## **Clarifying work instructions**

From time to time the instructions that you need to follow (either verbal or written) may not be clear and you may have some concerns about what action to take. You need to raise these concerns as soon as possible, especially if they could impact on the standard of service provided or complicate a potentially dangerous situation.

## **Clarifying verbal instructions**

If you need to clarify a verbal instruction, you could ask the person issuing the instruction to repeat it to you in another way or ask some questions of that person to gain clarity. If you choose to seek clarification from another staff member, it is very important that the person you ask is in a position to give you accurate information.

If you are still unclear, you could ask to have the instruction in writing or you could refer to workplace policies and procedures. These may provide a more detailed explanation of guidelines and protocol.

## **Clarifying ambiguous policies and procedures**

Sometimes, it is the written policy or procedure itself that isn't clear and it is your responsibility to report your concern about lack of clarity in the instruction and be committed to giving ongoing feedback to your supervisor about these and other issues so that policies and procedures can be reviewed and changed as necessary.

## **Responsibilities**

A key aspect of following procedures involves working within the scope of your role and responsibilities. It is vital therefore that you know what your job role entails and know what to do when you are unsure of your role and/or your work instructions.

- Seek regular support and supervision from your supervisor through supervisory sessions and bring any situations to the attention of your team leader
- Seek advice from work colleagues through consultation and staff meetings
- Look to professional guidelines for scope of practice in other settings
- Seek to have your position description clarified and/or have it include reference to professional standards or legislative provisions
- Seek to have your competencies assessed and/or recognised
- Ensure that all major work activities are accurately documented/recorded

As a medical receptionist you are responsible for optimising the patient's satisfaction, keeping the reception and waiting areas running smoothly and all administrative matters relating to patient records.

The medical practitioner is responsible for all health-related issues and records, so if a patient has any questions regarding their health records (including test results), treatments or care programs you should always refer them to their doctor.

In any business, roles change and a medical centre is no exception. As the practice grows your role may change so it is important you are aware of your role and its limitations. If you have any concerns about your role and how to perform it speak to the practice manager or your supervisor.

# Communication and patient participation

Effective communication with patients via telephone and electronic communication (e.g. emails and text messages) ensures that:

- Patients can contact the practice when they need to
- Patients can make appointments and receive other information in a timely fashion
- Urgent enquiries are dealt with in a timely and medically appropriate way

## Communicating by telephone

Before putting a caller on hold, reception staff must first ask if the matter is an emergency.

## Patient identification

Verifying a patient's identity helps to maintain patient safety and confidentiality. Failure to correctly identify a patient can have serious, potentially life-threatening consequences for the patient.

Using three approved patient identifiers reduces the risk of misidentifying patients and ensures that practitioners have the correct patient health record for each consultation.

Correct patient identification is necessary when:

- A patient makes an appointment
- A patient presents to the practice for their appointment
- You communicate with a patient over the telephone or electronically
- A patient telephones asking for a repeat of a prescription
- A patient sees more than one practitioner during a visit
- A patient record is accessed
- You collect and manage information (e.g. scanned documents, X-rays) about a patient.

Approved patient identifiers are items of information that are accepted for use to identify a patient. They include the following patient details:

- Name (family and given names together are one identifier)
- Date of birth
- Gender (as identified by the patient)
- Address
- Patient health record number where it exists
- Individual Healthcare Identifier

Note: A patient's Medicare number is not an approved patient identifier, as some Australian residents and visitors do not have a Medicare number and others may share numbers if they belong to the same family.

# Information Management

Information management refers to the management, storage and disposal of records (paper and electronic), and the technology used to do this. You are required to comply with the relevant state/territory and federal laws relating to the collection, storage, use, disclosure and disposal of patients' health and personal detail.

## Health information

A Practice must have an effective system to store patients' health information in a dedicated patient health record. In addition to containing clinical information, the patient health record may also contain other relevant information, such as details of personal injury insurance claims.

Health information is any information about a person's health or a disability, as well as any other personal information collected while they are receiving a health service, including: Notes about the symptoms described or the health service provider's observations and opinions of their health include:

- Prescription information
- Contact and billing details
- Test results and reports, such as those relating to blood samples and X-rays
- Medicare number
- Other sensitive information about patient's such as race, sexuality or religion.

Generally, a provider can only collect your health information when:

- You consent to them doing so, and
- The information is reasonably necessary for them to carry out their functions or activities (such as diagnosing or treating your illness).

When a provider requires a patients consent to collect their health information for a particular purpose, they generally should ensure the patient understands what will happen to the information and what they are consenting to.

In most cases access to patient information needs the patient's consent. A patient's consent can be either implied or express.

**Implied consent** is not given by a patient in writing, but is understood from the circumstances surrounding their medical care. It is consent that is inferred from actions, or facts, or even by inaction or silence. For example raising your arm when your doctor takes your blood pressure.

**Express consent** is permission for something that is given specifically (usually in writing)

Note: In an emergency if the patient is unconscious it is not always possible to get consent for treatment.

Sometimes the patient will give permission for someone else to manage their medical record. In most cases this is done by giving another party an enduring power of attorney.

### **Express consent example**

If a patient wants their records transferred to another Doctor they must give written or express consent. Likewise if another party such as an employer, insurance company etc. requires personal or health information it is necessary for the patient to provide written and signed consent before information can be released.

### **Implied consent example**

There may be times where the consent to a provider collecting the health information can be implied. For example, a GP would not normally need to specifically ask you for permission to make notes of symptoms you describe during an appointment because your consent can be implied from your conduct in attending the appointment and describing your symptoms.

The patient's consent should be given voluntarily. They also need to have the capacity to consent to their health information being collected.

Health information is sensitive information under the Privacy Act. This means there are added restrictions on how health service providers can handle health information compared to other types of personal information.

### **Exceptions:**

There are certain situations where a provider can collect your health information without your consent. These situations include where getting your consent is not practical due to the circumstances but a provider reasonably believes that they need the information to lessen or prevent a serious threat to any individuals' (including you) life, health or safety, or the public's health or safety.

For example, in an emergency where you are seriously injured, or unconscious, and require urgent healthcare, a doctor could collect relevant health information about you from your family or General Practitioner (GP) without your consent so they can give you the healthcare you need.

### **Disclosure of health information**

Medical records are the property of the medical practice attended by the patient. The physical record belongs to the practice, but the patient is entitled to access the contents. Patient information quite often needs to be accessed for various reasons. It may be the information is required by another practitioner or specialist. In the case of a motor vehicle or workplace accident the medical records may be required by an insurance company or for a court case

An Enduring Power of Attorney (EPA) is a legal document where you appoint a person of your choice to manage your assets and financial affairs if you are unable to do so due to illness, an accident or your absence.

A medical power of attorney allows you to appoint someone to make decisions about your medical treatment if you become mentally or physically incapable of deciding for yourself.

You can find out more from the relevant agency in your state or territory.

### **Who might make request for disclosure of information?**

Insurance companies, employers, solicitors other doctors and practitioners, a person authorised to act as Enduring Power of Attorney.

### **What may be commonly requested?**

- Copies of patient records
- Written reports
- Financial information such as medical bills

### **How requests for information are made?**

All requests must be in writing and signed by the patient.

### **Respecting the rights and needs of patients**

Respectful and culturally appropriate care is based on cultural awareness and sensitivity, which begins with learning about other cultures and cultural beliefs. Cultural awareness is defined by the Centre for Cultural Diversity in Ageing as:

“An understanding of how a person’s culture may inform their values, behaviours, beliefs and basic assumptions ... [It] recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people.”

### **Patients’ rights**

Patients have the right to respectful care that considers their religion and cultural beliefs, displays an acceptance of diversity and promotes their dignity, privacy and safety. Respect for a patient extends to recording, storing, using and disclosing health and other information about them. You need to understand the demographics and cultural backgrounds of your patient population so that you can provide the most appropriate care. When clinical team members ask patients about their cultural identity and beliefs in order to update the patient’s details, it is beneficial to explain that this helps the practice to provide culturally sensitive care.

All members of the practice team need to have interpersonal skills that allow them to successfully interact with patients and colleagues.

## Accessibility of services

In order to comply with the Disability Discrimination Act 1992 (amended 2009), you need to ensure that people with disability or special needs can access the practice and its services in ways that maintain their dignity.

All patients, including those with a disability or other special needs, must be able to easily and safely physically access the practice's premises and services.

You can achieve this by:

- Providing pathways, hallways, consultation areas and toilets that are wheelchair-friendly
- Having a wheelchair that patients can use while they are at the practice
- Installing appropriate ramps and railings
- Using pictures, signs and other sources of information to help patients who have intellectual disability or vision impairment, or are not fluent in English.

You could improve your practice's non-physical access for patients with disability or special needs by:

- Using existing and emerging technology to give patients access to telehealth or video conferencing consultations
- Having practitioners make home visits, where appropriate.

## Safety of the practice team

Having an adequate number of practice team members on duty, based on the size of your practice during normal practice hours, contributes to the safety and wellbeing of the practice team. In addition, it means that telephone calls can be answered promptly, appointments made accurately and according to urgency, and medical emergencies can be managed appropriately. When operating outside normal opening hours, there are additional factors to consider to protect the safety and security of team members, especially if they are on their own. For example:

- Is there sufficient lighting in the car park?
- Who must be contacted in case of an emergency?
- Is a duress alarm required?
- Are safety cameras needed?

It is important that the layout of the facility complies with WHS requirements, and that individual desks are configured so that practice team members have the full range of movement required to do their job, and can move without strain or injury. One way to do this is to have a professional conduct an ergonomic assessment of each desk and workspace.

### Keeping safe in the workplace

As an employee, you have the right to a safe and healthy work environment.

Work health and safety laws create responsibilities for employers and employees in ensuring that the workplace is free of hazards that are likely to cause harm to another person.

Depending on your role and position, there may be varying levels of risk to your own safety, or to the safety of your colleagues and service users.

You should familiarise yourself with your organisation's workplace health and safety policies and procedures and ensure that you uphold these in your day-to-day work.

Below are a few basic things to keep in mind:

- Don't take shortcuts that could compromise safety.
- Abide by safe manual handling procedures.
- If you see a colleague conducting their work in a way that is hazardous, approach them about it – workplace safety is everyone's responsibility.
- Find out if there is a designated workplace health and safety officer in your organisation and if you identify a hazard, notify them immediately

When undertaking new tasks, undertake a risk assessment to identify any potential hazards and put strategies in place to minimise these.

If an accident or near miss does occur, report it using your organisation's procedure for accident/incident reporting.

## Practice Governance and Management

Practice governance relates to the principles, methods and processes that clinicians and health service managers follow in order to support patient safety and quality care. It also helps you to set, measure and achieve social, fiscal, legal and human resources objectives.

Good management and leadership fosters a culture that is based on mutual respect. When you have this, the entire practice team will be supported to achieve excellence in all areas of the practice and participate in just and open discussions about how the practice can improve.

### Planning, setting and evaluating goals

A business needs to operate successfully to create an environment where quality clinical care can be delivered. To operate a business successfully, strategic thinking and business planning is as important as financial budgeting and reporting. A documented business plan (that is linked to your strategy and includes how it will be implemented) is an effective way of measuring your progress, and increases the likelihood of achieving your practice's objectives.

Having a plan helps to get the team working together towards a common goal. It also gives the team the ability to evaluate progress and helps the practice achieve consistency and quality in its operations, and to conduct continuous quality improvement.

It is the responsibility of your practice to define its governance structures relative to its own requirements, as governance arrangements and structure will vary depending on the size and complexity of each practice. In smaller practices, there may be a merging of governance and management responsibilities. Other practices may be part of a wider corporate group and have either public or private shareholders, and others still may be government bodies or not-for profit community-based organisations. A clear understanding of ownership and governance arrangements will help you develop appropriate policy and performance frameworks.

### Business risk management

Managing safety and risk is part of quality assurance, and therefore is a significant part of practice management. Clinical risks need to be managed, but so too do business risks, because if the business fails, the practice will not be able to provide clinical care. A risk management process helps you to consistently identify, document and manage business risks.

**Managing complaints**

Patient complaints are a valuable source of information. Open discussions about patients' needs and their concerns about the quality of care will help your practice understand potential problems and identify how you can improve your services.

**Emergency response plan**

The practice should have an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or unplanned absences of clinical team members.

In an emergency, especially one such as a pandemic, the demand for healthcare services generally increases, so it is crucial that your practice can continue to provide services during this time, if appropriate.

If your practice is prepared for an emergency, you are more likely to provide effective continuity of care for your patients, and to continue operating your business as smoothly as possible.

As unplanned absences of clinical team members can affect the practice's ability to provide quality patient care, your practice could consider succession planning, or encourage practice staff to share their skills and knowledge among the practice team.