

1. Purpose & Scope

This policy defines the requirements for the documentation and management of health records within APMHA HealthCare Ltd to preserve legislative compliance and the privacy and confidentiality of clients and providers. It ensures that high standards for documenting and managing client health records are maintained, consistent with common law, legislation, ethical and current best practice requirements. This policy applies to all clients' health records and how they are managed by APMHA staff.

2. Policy

APMHA provides care support for clients and providers but does not make diagnostic or treatment decisions. This means that APMHA does not create the mental health treatment plan or prescribe medication. These elements of the client health record are created by suitably credentialed health professionals.

APMHA clinical staff create some aspects of a client health record including client demographic information and case notes developed when providing care within our contracted scope for a specific program.

3. Procedure

3.1 Creating records

While APMHA does not create the clinical aspects of a client health record, it is expected that contracted service providers create client health records that comply with legislative requirements.

Records developed by APMHA staff must be accurate, legible and exclusive from the diagnostic and treatment decisions made by medical professionals.

Client records should:

- Include client consent for APMHA service provision
- Include details that adequately facilitate identifying (and retrieving) records at a future date
- Accurately describe the client and their medical condition and treatment,
- Includes contact and demographic information, including name, address, date of birth and gender; cultural and ethnic identification, including Aboriginal and/or Torres Strait Islander status, and the person to be contacted in an emergency
- Be accurate and legible
- Not been tampered with, and
- Be signed and dated.

3.2 Transmitting records

Transmitting client health records between health service providers and APMHA must be done without risk of interception or loss. When client records are transferred, staff must ensure that APMHA's Client Consent Form (see transitions: section B) is completed.

3.2.1 Facsimile

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Providers are encouraged to transmit medical records via APMHA's electronic facsimile system, GoFax. Facsimile numbers for this purpose must be specific to the applicable program and its staff.

3.2.2 Email

Emails are sent via various nodes and are at risk of being intercepted. For specific programs where APMHA is contracted to provide clinical intake, secure two-way messaging through Argus is available. In PHN programs where APMHA is contracted for clinical allocation, both APMHA and local providers do not use secure two-way messaging, therefore prohibiting email transmission of medical records. Client information must only be sent via email if it is securely encrypted according to industry and best practice standards.

3.2.3 Through agreed client management systems

Client information can be transferred from PHN to APMHA to contract allied health providers and back through the agreed client management system related to the contracted program (Fixus, Bridge and RediCASE).

No other methods of transmission are allowed.

3.3 Retaining and managing

Once received or created, client health records are retained for a period defined by relevant national, state and/or territory legislation. At the very least individual client records are to be retained for a minimum of 7 years from the date of last contact, or until the client has reached the age of 25, whichever is longer. Client health records must be maintained in a retrievable and readable state for their minimum required retention period. Client health records are not kept in perpetuity.

A secure physical and electronic environment is maintained for all medical records held on computer systems through the use of authorised passwords, screen savers and audit trails. If left unattended, no personal health information should be left on the screen. Screen savers and passwords should be used to reduce the chance of casual observation. APMHA staff are provided with different levels of access to electronic records based on their roles and responsibilities (i.e. full, partial or no access). This is further managed by direct line managers and general managers.

Staff are encouraged not to print client health records. Any printed medical records are to be stored under lock and key, with access restricted to staff involved in the applicable program activities.

If medical records are to be entered into an externally managed depository, program staff must ensure the security of that entity (i.e. MMEX).

3.4 Access and Correction

Information about clients can be accessed by authorised persons only.

APMHA upholds the right of carers to access information about the person being supported, with that client's informed consent or otherwise in accordance with principles relating to capacity and consent.

Clients may request access to personal information held about them at any time. Access will be provided unless there is a sound reason under the Privacy Act or other relevant law. Other situations in which access to information may be withheld include:

- There is a threat to the life or health of a client
- Access to information creates an unreasonable impact on the privacy of others
- The request is clearly frivolous or vexatious
- There are existing or anticipated legal dispute resolution proceedings

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- Denial of access is required by legislation or law enforcement agencies.

APMHA will respond to a request to access or amend information within 45 days of receiving the request. Amendments may be made to personal information to ensure it is:

- accurate, relevant, and up to date,
- complete and not misleading,
- considering the purpose for which the information is collected and used.

If the request to amend information does not meet these criteria, APMHA may refuse the request. If the requested changes to personal information is not made, the client is permitted to make a statement about the requested changes, which will be attached to the records in question.

The following General Managers are responsible for responding to queries and requests for access and/or amendment to personal information:

- General Manager Clinical
- General Manager Service Delivery

3.5 Disposal

Medical records, both paper based and electronic, must be disposed of in a manner that will preserve the privacy and confidentiality of any information they contain. Disposal of data records must be done in such a way as to render them unreadable and leave them in a form from which they cannot be reconstructed in whole or in part.

Paper records containing personal health information should be disposed using secure paper shredding bins that are at each office.

4. Definitions

Client health record: Personal information that is information or an opinion about:

- The physical or mental health or a disability (at any time) of an individual,
- An individual's express wishes about the future provision of health services to him or her,
- A health service provided, or to be provided, to an individual,
- Other personal information collected to provide, or in providing, a health service,
- Other personal information that is genetic information about an individual arising from a health service provided to the individual in a form that is or could be predictive of the health (at any time) of the individual or of any sibling, relative or descendant of the individual, or healthcare identifiers.
- Be signed and dated.

Medical Professional: An individual or organisation that provides clinical medical services. These include diagnostic and treatment decisions.

5. Responsibilities

APMHA Staff

All employees and sub-contractors are responsible for adhering to this procedure including maintaining due respect and understanding to personal health information as is maintained in medical records.

General Managers

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General Manager Clinical and General Manager Service Delivery are required to ensure correct implementation and application of this policy for all APMHA staff.

6. References

Internal interdependencies

- Privacy and Confidentiality Policy
- Information Management Policy
- Clinical Audit Procedure
- Client Consent Form (Commencement & Transitions)
- Client Privacy & Rights Charter

External interdependencies

- [Privacy Act 1988](#) and relevant state and territory legislation
- [Freedom of Information Act 1982](#)
- [NDIS Quality and Safeguarding Framework](#)
- [National standards for mental health services 2010](#)
- [National Disability Insurance Scheme Act 2013](#)
- [ISO 9001:2015 – quality management systems](#)

7. Version Control

Version	Date	Owner (title)	Approver (title)	Nature of change
V01	28/05/2016	T Le (GMSD)	J Craggs (GMC)	NA
V02	28/04/2018	T Le (GMSD)	J Craggs (GMC)	Update
V3	07.02.2020	T Le (GMSD)	R May (GMQ)	Updated with NDIS and company changes