


Ref. No.:	2.510	Issue Date:	Apr 2005	
Manual:	Administration	Revision No.:	5	
Section:		Last Review:	Aug 2020	
Subject:	Privacy Guidelines for Students and Work Experience Placements	Next Review:	Aug 2023	
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PURPOSE

This document informs staff on the ACHA policy on Privacy Guidelines for Students and Work Experience Placements.

SCOPE

This policy applies at all ACHA hospitals.


POLICY

- The ACHA policy on Privacy Guidelines for Students and Work Experience Placements is:**
- **Students and Work Experience placements are subject to the ACHA policy 2.23 - Privacy Policy and all related appendices of that policy.**
 - **All Students undertaking Work Experience Placements must sign a privacy agreement (ACHA Work Experience Privacy Agreement), at the commencement of the placement. This completed document must be placed in the students file.**
 - **Where a pre-existing agreement is not in place between ACHA / Hospital for student placement (university), the Work Experience Privacy Agreement must be signed.**
 - **Confidentiality needs to be preserved on all that is known about a patient, even after the patient has died.**
 - **Verbal Information must not be disclosed to a third party, such as the patient’s family or visitors, or to any other person. If information is requested of a student / work experience student, they must explain that they are not authorised to provide information about the patient, and that the request should be referred to the nursing staff of the unit.**
 - **Patients with medical questions are advised to discuss their medical care with the treating medical officer.**
 - **If a patient and / or next of kin request copies of information from the Medical Record, they are to be referred by nursing staff to the Clinical Risk Manager / Privacy Officer.**
 - **Case studies that utilise patient information require the written consent of the patient (ACHA– Case Study Agreement).**
 - **A copy of the signed consent form must be placed in the Medical Record, a copy attached to the Case Study and a copy placed in the Students file held at the appropriate ACHA site.**
 - **The patient may at any time revoke their consent – in these circumstances any information collected in relation to the case study is to be destroyed.**

CASE STUDIES

- The ACHA Policy 2.23 - Privacy should be read prior to the commencement of the case study
- All hand written notes should be destroyed or discarded via the hospital’s confidential waste once the case study is completed
- The patient is not to be identified on any notes made
- No part of the patient’s medical record is to be photocopied for any reason
- Case studies should be kept secure
- The name of the hospital, unit or ward should not be identified
- Any dates relating to the patient and or their treatment should not be identified

THIS IS A CONTROLLED DOCUMENT	
APPROVED	Paul Evans
DESIGNATION	CEO, Hospital Operations
DATE	Augst 2020

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- Avoid any details which may inadvertently identify the patient, treating medical officer or any ACHA staff member
- Confidentiality needs to be preserved on all that is known about any aspect of the business of ACHA, which is not subject to public record.

RESPONSIBILITIES

All staff are responsible for ensuring they familiarise themselves with this policy and any related attachments, which in effect, form part of this policy.

The General Manager carries overall responsibility for management of this Policy and any related attachments. The General Manager and the Directors of Nursing will ensure that the policy is compliant with all legislative requirements, and is responsible for ensuring the policy is reviewed and updated in line with the timeframes determined by the ACHA Executive, via the Executive Committee.

RELATED POLICIES & PROCEDURES

- ACHA Policy - 2.23 – Privacy
- ACHA 0.030 - Code of Conduct
- ACHA 2.511 - Observational Visitors to the Hospital
- ACHA 677 – Observer Consent form
- ACHA 676 – Case Study Consent form

REGULATORY REFERENCES

REVIEW / CONSULTATION		
All General Managers	All Directors of Nursing	All Quality Managers
All Educators		

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CASE STUDY CONSENT

Affix patient sticky label

UR Number:
Surname:
Name:
Date of Birth: Gender:
Dr:

Patient Details

ACHA site: Ashford Hospital Flinders Private Hospital The Memorial Hospital

PATIENT

I (print patient name)

give permission for my medical record to be included in a case study to assist in the training of the student /employee identified below, on the condition that my privacy protected at all times, as outlined in the following undertaking by the student / employee.

I understand that I may revoke this consent at any time, and that any information collected for the purposes of the case study will be destroyed.

Patient Signature: Date:/...../.....

STUDENT **ACHA EMPLOYEE**

I (print student / employee name),
a student of (university / school name)
undertaking (course / year level)

have read the ACHA Policy 2.23 (Privacy) and ACHA Policy 2.510 (Privacy Guidelines for Students and Work Experience Placement) and I undertake that no information will be included in any case study that would identify any patient of ACHA Health. In particular, I will not identify a patient in any document, note or communication by:

- Name
- Medical Record Number
- Address
- Suburb
- Date of Birth
- Specific Occupation
- Hospital, unit or ward
- Dates of Admission or Discharge

I will NOT PHOTOCOPY any part of the patient's medical record for any purpose whatsoever. I undertake to destroy any notes after the completion of the case study.

I understand that the patient may revoke consent at any time, and that any information collected for the purposes of the case study will be destroyed.

Patient student / employee: Date:/...../.....

This consent is to be placed in the patient's medical record.

BINDING MARGIN – DO NOT WRITE IN THIS AREA

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CASE STUDY CONSENT

ACHA 676