



**SYDNEY BOUTIQUE DENTISTRY**

**PRIVACY POLICY**

UPDATED DECEMBER 1, 2015

## **YOUR CLINICAL INFORMATION AND OUR PRIVACY POLICY**

In accordance with the Privacy Act 1988, our practice respects your right to privacy. We realise that it is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our practice and to whom this information might be disclosed.

The policy of our practice is to follow these procedures:

- 1           The information collected will be used for the purpose of providing treatment to you. Personal information such as your name, address and health insurance details will be used for the purpose of addressing accounts to you, as well as processing payments and writing to you about any issues affecting your treatment.
  
- 2           We may disclose your clinical information to other health care professionals, or require it from them in our judgement, that is necessary in the context of your treatment. In that event, disclosure of your personal details will be minimised wherever possible.
  
- 3           We may also use parts of your clinical information for research purposes, for the compilation of analysis of statistics, in study groups or at seminars as this may provide benefit to other patients. Should that happen, your personal identity will not be disclosed without your consent to do so.
  
- 4           Your patient history, treatment records, x-rays and any other material relevant to your treatment will be kept here. You may inspect or request copies of your treatment records at any time, or seek an explanation from the dentist. If you want copies, a fee may apply. If you require an explanation of your records or a written summary, a consultation fee or other charge may apply.
  
- 5           We will take reasonable steps to ensure that your clinical information is accurate, complete and up-to-date. If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly.

You can otherwise be rest assured that your clinical information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either your treatment or the administration of this practice, without your prior consent. If you have any queries or concerns about our handling of your clinical information, please do not hesitate to raise these concerns with our practice.

## HOW YOUR INFORMATION IS MANAGED

Sydney Boutique Dentistry is committed to providing quality dental care for its patients. As a fundamental part of this commitment, the dentist(s) and staff of the practice, recognise the importance of ensuring that our patients are fully informed and involved in their dental care.

Sydney Boutique Dentistry is, as a dental provider in the private sector, bound by the National Privacy Principles. These principles set the standards by which we handle personal information collected from our patients. A copy of these Principles is available for inspection at the reception desk.

As a part of our commitment to providing quality dental care it is necessary for us to maintain files pertaining to your dental health. The files contain the following types of information:

- Personal details (your name, address, date of birth);
- Your dental history;
- Notes made during the course of dental consultations;
- Referrals to other dental service providers;
- Results and reports received from other dental service providers.

The information held about you is provided by you or, where necessary for your dental care, may be collected from others as a consequence of information provided by you.

Your dental file is handled with the utmost respect for your privacy. The file will be accessed by your dentist, and when necessary, for example in the absence of your usual dentist, by other dentists in the practice. It may also be necessary for our staff to handle your file from time to time to address the administrative requirements of running a dental practice. **Our staff are bound by strict requirements as a condition of employment regarding your dental records.**

Ordinarily we will not release the contents of your dental file without your consent. However, where required by law there may be occasions where we will be required to release the details of your file irrespective of whether your consent to the disclosure of the information is given (eg, in response to a subpoena).

We advise that as a patient of this practice you have the rights of access to any information we hold concerning you. Should you wish to access this information we refer you to our handout entitled **“ACCESSING YOUR DENTAL RECORD”**. Please see staff at reception for a copy.

As part of our commitment to preserving the confidentiality of the information contained in your dental record we advise that strict secure storage policies are observed in this practice. Your electronic records are accessible only by staff of this practice and are protected by a security password. Your paper records are kept in secure filing cabinets and accessible only by practice staff. Each member of staff is well versed in the principles and importance of dentist—patient confidentiality.

Should you, at any time, have a query or complaint in relation to the privacy policies in place at this practice please contact Dr Kimberly Ivett on [director@sydneyboutiquedentistry.com](mailto:director@sydneyboutiquedentistry.com) or call 02 9699 5199 who will be happy to address any concerns you may have. We advise that we will make our best endeavour to address complaints within 10 business days of receipt of your complaint.

## ACCESSING YOUR DENTAL RECORD

As of 21 December 2001, patients have rights of access to dental information held about them by this practice.

Accessing your dental information may be as simple as requesting a copy of your latest treatment results from your dentist during the course of a standard consultation. However, more often than not accessing your health information will involve far more work for our staff. We advise that the following procedure has been developed to ensure that all requests for access are dealt with as efficiently as possible:

- 1 All requests for access (other than straightforward requests for copies of test or treatment results made to your dentist during your consultation), should be made in writing, and addressed to the attention of your dentist.
- 2 Requests for access will be acknowledged, in writing, within 7 days of the receipt of the request.
- 3 Applicants will be required to complete the standard consent form, and undertake to be bound by the terms of the document.
- 4 The total time between the receipt of a request for access and the time when access is granted shall not, ordinarily, exceed 30 days. Where it is not possible for access to be granted within 30 days, you will be notified, in writing, of this and advised when access will be granted.
- 5 Where access is refused to your dental file you will be advised in writing of the reasons for refusal and your dentist will contact you to discuss whether there are any means by which access may be **facilitated**.
- 6 You will not be permitted to remove any of the contents of your dental file from the dental practice, nor will you be permitted to alter or erase information contained in the dental record. However, if you believe any of the information is inaccurate please advise your dentist who will review the information.
- 7 Where practicable, a dentist will be present when access is granted to your file so that he or she may go through the contents of your file, and address any concerns that you may have in relation to the information contained within the file. A fee may be charged in relation to this attendance.
- 8 Should you request copies of any, or all, of the contents of your dental file, an administrative fee of no more than \$50 may apply.
- 9 Generally patients will be required to collect their records in person. However, in some limited circumstances patients may request that records are provided to another person.
- 10 If you are collecting a copy of your dental records or are authorised to collect the records of another person, you will be required to provide identification. Where possible this should be photographic identification.

Should you have any queries in relation to the above our practice staff are happy to address these for you.

Should you wish to make an application for access please approach our reception staff and they will assist you in getting under way with your application.

**REQUEST TO ACCESS DENTAL RECORDS**

I.....  
First Name Surname

of.....  
Residential Address

request access/give consent to .....

to access the entire contents of my dental record or the following documents. (See form. 'A' over).

I understand that I will not be permitted to remove the contents of my dental record from the premises of the dental practice, nor will I be permitted to alter or erase information contained in the dental record.

In those circumstances where I am entitled to have access to my dental file, I understand that I will be permitted to obtain copies of some or all of the contents of my dental record. Where copies are requested, a fee may be applicable. Further, I understand that copies will be available to me as soon as practicable following the inspection.

Signature .....

Date Signed.....

Signature of Person Given Consent by Patient (if applicable).....

Date Signed.....