Mental Health Toolkit

ebook for Healthcare Providers

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OFFICIAL

Foreword

My Health Record will become an increasingly significant clinical record of an individual's health and wellbeing. Mental health plays a crucial part in an individual's total wellbeing, and for many Australians, information from mental health providers will form an important part of their My Health Record.

As individuals become increasingly educated in the use of their My Health Record, it is anticipated that they will, in turn, expect their treating healthcare providers to be doing their part in keeping the information in their My Health Record clinically relevant and up-to-date.

There is a significant level of co-occurring health conditions for those with serious mental illness, and vice versa for those with serious physical illness. Documents in My Health Record can assist in supporting the delivery of care to people with complex health care needs.

Contents

Glossary of terms

Term/Acronym	Description
ACN	**Australian Company Numbers** Unique nine-digit number to identify an Australian company.
Access history	Every time a healthcare provider accesses a patient's My Health Record, it gets logged in the 'Access History' of their My Health Record and this information can be viewed at any time.
AHPRA	**Australian Health Practitioner Regulation Agency** The organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. Healthcare providers who are registered with AHPRA will have a healthcare provider identifier-individual (HPI-I).
Assisted registration	The registration process that enables healthcare providers to assist their patients to register for a My Health Record.
Authorised mental health professional	Individuals including GPs, nurses, psychiatrists and psychologists directly involved in the delivery of health and care to the consumer.
Conformant software	Clinical software that is used by mental health professionals to view, upload and store clinical information about a person's health care and treatment.
Event summary	Captures key health information about significant healthcare events that are relevant to the individual's ongoing care.
IHI	**Individual Healthcare Identifier** A 16-digit unique number used to identify individuals who receive healthcare. This includes: Australian citizens, permanent residents and visitors to Australia.
IVC	**Identity Verification Code** A code generated during the registration process for individuals on the Assisted Registration Tool. The IVC proves that their identity has been verified by the My Health Record, and used to access the individual's My Health Record for the first time.
Healthcare provider	A person who is involved in or associated with healthcare delivery. For the purposes of the My Health Record system, a healthcare provider is a person who has a HPI-I and is authorised by a registered healthcare provider organisation to access the My Health Record system on their behalf.
Healthcare provider organisation	An organisation, or a part of an organisation, that has conducted, conducts, or will conduct, healthcare.
HPI-I	Healthcare Provider Identifier – Individual Identifies a health professional involved in providing patient care. This includes GPs, allied health professionals, specialists, and nurses, among others.
HPI-O	Healthcare Provider Identifier – Organisation Identifies the organisation that deliver health services. This include hospitals, medical practices, pathology or radiology laboratories and pharmacies.
HPOS	**Health Professional Online Services** The service that provides DHS services to health professionals through a secure online channel. Services accessed through HPOS include application for My Health Record registration and the ability for a HPI-O to link to a Contracted Service Provider (CSP).
MBS	**Medicare Benefits Schedule** A listing of the Medicare services subsidised by the Australian government.

Term/Acronym	Description
NASH	**National Authentication Service for Health** A system for verifying the authenticity of patients and healthcare professionals for the purpose of ensuring the privacy of a person's electronic health data, while enabling secure access to the data by the person's authorised health providers.
NASH PKI	**National Authentication Service for Health Public Key Infrastructure** NASH PKI certificates allow healthcare providers and supporting organisations to securely communicate and exchange health information electronically. These certificates: - are used to access the My Health Record system - provide confidence in the integrity of information transmitted, and - provide secure exchange of health information with other healthcare providers.
NDIS	**National Disability Insurance Scheme** A program designed to support people with intellectual, physical, sensory, cognitive and psychosocial disability.
NPP	**National Provider Portal** The interface through which healthcare provider organisations can access the My Health Record system and view an individual's My Health Record without having to use a clinical information system. The NPP is a **view-only** service.
OMO	**Organisation Maintenance Officer** An employee of a healthcare provider organisation who is recognised by the My Health Record System Operator as having authority to act on behalf of the organisation in its dealings with the System Operator (Australian Digital Health Agency).
PAC	**Personal Access Code** A code generated by an individual to provide a nominated representative access to the individual's My Health Record.
PBS	**Pharmaceutical Benefits Scheme** Provides reliable, timely and affordable access to a wide range of medicines for all Australians.
PRODA	**Provider Digital Access (PRODA)** An online authentication system that allows a healthcare provider with a HPI-I to access the My Health Record NPP for view-only purposes.
RAC	**Record Access Code** A code that an individual can use to restrict access to their My Health Record. The code is provided to a healthcare provider so that the healthcare organisation is granted access to an individual's My Health Record.
RO	**Responsible Officer** An individual who has the authority to act on behalf of the organisation in dealing with the System Operator (Australian Digital Health Agency) of the My Health Record system.
Seed organisation	Entities that provide or control the delivery of healthcare services. For example: a sole practitioner, small practice, aged care facility, hospital head office.
Specialist letter	The document used by a treating specialist to respond to a GP about a referred patient. It is based on the usual practice where a specialist writes back to the GP.
System Operator	The participant with responsibility for establishing and operating the My Health Record system. The System Operator is presently the Australian Digital Health Agency.

Introduction

Background

The Australian Digital Health Agency (the Agency) held its first Mental Health Forum (the forum) on April 30, 2018 in Brisbane.

Mental health providers and specialists representing key clinical peak bodies, consumer representatives, and Agency staff including two Clinical Reference Leads attended the event. The forum is part of the Agency's stakeholder engagement program that acknowledges as key priorities; effective engagement, co-design and formalised partnerships with key clinical and community stakeholders.

The purpose of the forum was to provide information about My Health Record to key clinical stakeholders, discuss how digital health can better support mental health providers and their patients and clients, and to discuss specific My Health Record information materials that can be provided to mental health providers.

At the forum, it was identified that additional practical guidance and information about benefits and privacy is desirable to support mental health providers and their patient and clients' use of the My Health Record system.

To support the outcomes of the forum, the *Mental health toolkit* has been developed in collaboration with various clinical and consumer organisations involved in the provision of mental health treatment and care. This *Mental health toolkit* contains resources, fact sheets and frequently asked questions (FAQs) that can support and guide mental health providers.

Purpose

This toolkit is intended to support healthcare providers involved in the provision of mental health treatment and care to engage with the My Health Record system.

The toolkit outlines a range of resources on topic areas including:

- An introduction to the My Health Record system and its benefits

- How to register and connect to the My Health Record system

- Healthcare providers' privacy, security and consent obligations

- How to view information in an individual's My Health Record and upload information to it

- Who to contact for help and support.

How to use this toolkit

The information presented in this toolkit is not intended to be a substitute for a clinician's own clinical experience and judgement. This toolkit has been developed for general educational purposes only.

The toolkit has been divided into five sections:

CHAPTER 1

Overview of the My Health Record system and the type of clinical documents available in a My Health Record.

CHAPTER 2

The registration process and helpful tips that healthcare providers will need to get connected to the My Health Record system.

CHAPTER 3

The role and responsibilities of a healthcare provider when accessing and uploading information on a My Health Record.

CHAPTER 4

Overview of the legislative framework that governs the My Health Record system, and different ways that healthcare providers can protect the security and privacy of individual health information.

CHAPTER 5

Information to help healthcare providers introduce My Health Record to consumers and their carers.

Definitions

For the purpose of this toolkit, the terms:

> **Healthcare provider** is a clinician involved in providing health and care in the mental health sector. These include, but not limited to, psychiatrists, psychologist, mental health nurses, general practitioners (GPs) and other allied health professionals such as social workers and occupational therapists. This person is authorised by a registered healthcare provider organisation to access the My Health Record System.

> **Healthcare organisation** is a registered entity involved or associated with healthcare delivery. These organisations offer a wide range of interventions, therapies and support programs for individuals who are experiencing mental health conditions.

> **Consumer** refers to an individual receiving treatment or had previously accessed health services for a mental health condition/s. In some cases, a consumer may be referred to as a *client* or *patient* by some mental health professionals.

Icons

Supplementary resources have been included in each section of this toolkit to support understanding the information about each topic.

Practical tips

Explanatory notes of key concepts and common terminology

Video

Webinar

Guides and information

Checklist

About
My Health Record

Key messages

> My Health Record is a secure online summary of an individual's health information, where healthcare providers can access information about their patients.

> My Health Record does not replace existing health records and may not include every interaction that a patient has had with the healthcare system, or an up-to-date status of their health.

> Healthcare providers should verify the information within an individual's My Health Record, and where necessary, with other healthcare providers.

> Healthcare providers can access the My Health Record through conformant clinical software to view and upload, or via the view-only National Provider Portal.

My Health Record is a secure online summary of an individual's health information and is available to all Australians. Healthcare providers authorised by their healthcare organisation can access My Health Record to view and add consumer health information.

My Health Record does not replace existing health records. Rather, it supplements these with a high-value, shared source of an individual's health information that can improve care planning and decision making.

Key benefits of accessing My Health Record for healthcare providers include:

> enhanced continuity of care across an individual's mental health and physical health care journey

> capacity to better coordinate care and provide support for consumers and their carers

> increased access to medication history and communication about medications prescribed

> access to an individual's health information and history in the case of an emergency

> improving information sharing between GPs and other healthcare providers, hospitals and community-managed mental health organisations involved in the individual's care

> an understanding which other healthcare professionals are involved in an individual's health and care.

Information in My Health Record

A My Health Record may contain:

> **Consumer-entered information** such as:
> - a personal health summary containing any allergies and adverse reactions the individual may have or medications they might be taking
> - an advanced care planning document
> - childhood development
> - emergency contact information.

> **Medicare information:** Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) transaction information, the individual's organ donor status (sourced from the Australian Organ Donor Register), and their Australian Immunisation Register records.

> **Provider-entered documents** uploaded by a range of healthcare providers involved in the individual's care including:
> - *Shared health summaries*, which represent the individual's status at a point in time, and may include information about their medical history, medicines, allergies, adverse drug reactions and vaccinations.
> - *Event summaries*, which capture key health information about significant healthcare events that are relevant to the ongoing care of an individual.

- *Discharge summaries*, which can be shared between the individual's healthcare providers to support the continued care of the individual once they are discharged from hospital.
- *Medication records* such as prescription and dispense records, which can be viewed as clinical documents and through the *Prescription and Dispense View*.
- *Medicines information view*, which can quickly sort and display medicines information, as well as information on allergies and adverse drug reactions, held in an individual's My Health Record documents, in date or alphabetical order.
- **Specialists Letters and reports** including *eReferrals*, *pathology reports* and *diagnostic imaging reports*.

Registered healthcare providers who are authorised to access My Health Record on behalf of their organisation, using a conformant clinical software will be able to contribute to an individual's My Health Record by uploading event summaries and specialist letters.

Shared health summaries

Diagnostic imaging reports

Prescription and dispense records

Pathology reports

My Health Record

Medicare and Pharmaceutical Benefits Scheme

Discharge summaries

Organ Donor and Immunisation Register

Advance Care Plans

Patient entered information e.g. medicines and allergies

Documents that can be uploaded to a My Health Record.

Access to the My Health Record system

There are two ways an authorised healthcare organisation can access the My Health Record system:

> **Conformant clinical software** allows healthcare providers to view, download and upload information.

> **National Provider Portal** allows healthcare providers to view information only.

1

Conformant clinical software

Clinical software is also referred to as conformant software [insert link to glossary page], which allows authorised healthcare providers to upload, view and download information from an individual's My Health Record.

Each conformant software has its own 'look and feel' for how it displays information in an individual's My Health Record. Irrespective of the conformant software being used, all clinical documents are uploaded in a standardised format.

A *list of conformant clinical software products* is available on the My Health Record website.

2

National Provider Portal (NPP)

The National Provider Portal (NPP) is a **view-only service** that is accessible to healthcare providers who do not have access to conformant clinical software.

Healthcare providers may access the NPP using their *PRODA (Provider Digital Access)* account. PRODA is an online authentication system that allows users access to government services online such as Health Professional Online Services (HPOS) and National Disability Insurance Scheme (NDIS).

The process for setting up access to My Health Record via the NPP will differ depending on whether:

> a healthcare professional is setting up access for themselves (e.g. sole trader or practising independently) or

> a healthcare organisation manager or administrator is setting up access for the organisation's healthcare professionals (e.g. a practice manager setting up access for GPs and nurses).

Further information about PRODA is available in section *two* of this toolkit.

Useful resources

Getting started with My Health Record
Video

An introduction to My Health Record: for mental health professionals
Webinar

What are the benefits of My Health Record system?
Video

Connecting to the My Health Record system

Key messages

> All healthcare providers wishing to participate in the My Health Record system must:
  - Create a Provider Digital Access (PRODA) account.
  - Establish policies and procedures outlining their organisation's use of My Health Record in routine practice.
  - Familiarise themselves with the My Health Record system and clinical documents they and their organisation can access in the delivery of care.
> Healthcare providers in a field of practice not covered by the Australian Health Practitioner Regulation Agency (AHPRA) may still be eligible to obtain an HPI-I, provided they meet the criteria for an individual healthcare provider set out in the *Healthcare Identifiers Act 2010*.

The registration process may vary depending on how healthcare providers may access the My Health Record system.

Register with the Healthcare Identifiers (HI) Service

Healthcare professionals who wish to use My Health Record will need a *Healthcare Provider Identifier (HPI-I)* from the HI Service.

Healthcare professionals registered with the Australian Health Practitioner Regulation Agency (AHPRA) are automatically registered with the HI Service and assigned a HPI-I number.

Self-regulated healthcare provider

Healthcare providers not registered with AHPRA will need to lodge an application online via the Department of Human Services *website*. To do this, you will need to:

> complete the *Application to register a Healthcare Provider (HW033)* form

> provide evidence of your identity; and

> supply documents supporting your registration in a professional association.

Healthcare provider organisation

Healthcare provider organisations can apply to register in the My Health Record system either as:

> **Seed organisations** are legal entities that provide or control the delivery of healthcare services. There could be different healthcare disciplines within this organisation. For example, a sole practitioner, private health specialist or allied health care organisations.

> **Network organisations** often represent different healthcare departments or divisions within a larger complex organisation. For example, a hospital or a multidisciplinary healthcare practice.

Once registered, a healthcare organisation is issued with a unique 16-digit *Healthcare Provider Identifier – Organisation (HPI-O)* number.

To understand more about the seed and network organisation structures, visit the *My Health Record website*.

About unique identifiers

There are three types of identifiers managed by the *Healthcare Identifiers (HI) service* that are essential for accessing health information within the My Health Record system:

Individual Healthcare Identifier (IHI): Identifies individuals who **receive** healthcare. This includes Australian citizens, permanent residents and visitors to Australia.

Healthcare Provider Identifier – Organisation (HPI-O): Identifies the organisation that **delivers** health services. This includes hospitals, medical practices, pathology or radiology laboratories and pharmacies.

Healthcare Provider Identifier – Individual (HPI-I): Identifies a health professional **involved** in providing patient care. Healthcare professionals registered with AHPRA are automatically registered with the HI Service and assigned a HPI-I number.

Provider Digital Access (PRODA)

All healthcare providers wishing to register for the My Health Record system will need to register for a *Provider Digital Access (PRODA)* account. This also applies to self-regulated healthcare providers who are not registered with Australian Health Practitioner Regulation Agency (AHPRA).

PRODA is an online authentication system that allow users to access government services including the My Health Record system.

A PRODA account does not expire but can be cancelled or suspended either online or by contacting the *Department of Human Services*.

Many healthcare providers who claim Medicare, DVA or NDIS online will have a PRODA account already created.

Learn how to use and create a PRODA account in this interactive *eLearning module* and *simulation*.

Tips to consider before you register for a PRODA account

☐ Ensure at least one of the healthcare provider employees has a HPI-I before registering.

☐ It is important that the right person is registered for a PRODA account and the My Health Record System. Ideally, this is someone who has the authority to make decisions on behalf of the organisation such as the practice owner or CEO.

☐ Applicants will be required to provide evidence such as an ABN/ACN number. In the event that these details do not match with the information on the Australian Business Register, participants will need to provide evidence of their authority to act on behalf of the organisation. Evidence will always be required if there is a trust or a trading name.

  - Examples of evidence may include:
    - Certificate of registration issued by the Australian Securities and Investments Commission (ASIC) with the applicant's name listed as the *Public Officer*.
    - The notice issued by the Registrar of the Australian Business Register (ABR) bearing the business entity's name, ABN and the applicant's name listed as the *Public Officer*.
    - If the legal structure is a Trust, the organisation's appointment as a trustee with the applicant as a stakeholder.
    - Contract for sale or purchase of business addressed to the applicant
    - Lease agreement for the organisation's primary place of business addressed to the applicant
    - Rates notice for the organisation's primary place of business addressed to the applicant
    - Certificate of change of name for the organisation issued by the Australian Securities and Investments Commission and addressed to the applicant
    - A document issued by the Australian Taxation Office with the organisation's name and tax file number and addressed to the applicant

☐ If an applicant is not listed on the above documents, they will be required to prove that they are authorised to act on behalf of the organisation by providing one of the following:
  - An affidavit or statutory declaration sworn by a member of the board or executive of the organisation
  - A deed of appointment
  - Any other documentation which displays that the applicant holds a position of authority to commit the business.

☐ Once approved, the applicant will be assigned the role of *Responsible Officer (RO)*. The RO will have primary responsibility for the organisation's compliance with the My Health Record system's participation requirements.

Assign roles and responsibilities

It is important for healthcare organisations to nominate key personnel responsible for the day-to-day management of My Health Record including:

Responsible Officer (RO) — A Responsible Officer (RO) has the authority to act on behalf of the organisation in dealing with the System Operator (Australian Digital Health Agency) of the My Health Record system.

Organisation Maintenance Officer (OMO) — An Organisation Maintenance Officer (OMO) has the authority to act on behalf of the organisation in its day-to-day administrative dealings with the HI Service and My Health Record. Within an organisation, there may be more than one OMO.

Other digital health roles the organisation may consider include:

Authorised Employee — An Authorised Employee (e.g. social worker) has been authorised by a healthcare organisation to access the My Health Record system on behalf of the organisation. Authorised users may be individual healthcare providers (registered with AHPRA) and other local users who have a legitimate need to access the My Health Record system as part of their role in healthcare delivery.

Set-up policy

Healthcare organisations, including self-regulated healthcare providers, wishing to participate in My Health Record will need to have a My Health Record policy. **Sample templates** can be downloaded from the My Health Record website and adapted to suit your organisation. The **overview of digital health policies** will help healthcare providers understand the requirements for participating in digital health.

Useful resources

Registration guide to access My Health Record via conformant software
Guide

Registration guide to access My Health Record via NPP
Guide

My Health Record Security and Access Policy
Template

Overview of policies to participate in digital health
Information sheet

Frequently asked questions

Will mental health peer support workers or other self-regulated healthcare providers be able to access My Health Records?

Any person who is authorised by a registered healthcare organisation can access and view an individual's My Health Record for the purpose of providing healthcare services. This authorisation needs to be documented in the policy and procedural manual. In addition to clinicians, a healthcare organisation may authorise other staff (e.g. mental health peer support workers) to access the My Health Record system as part of their role in healthcare delivery.

If the authorised healthcare provider intends to upload information to an individual's My Health Record they will need a HPI-I. There are steps on how to do this in the *Healthcare Identifiers Service – how to get your HPI-I factsheet*.

Self-regulated healthcare providers including mental health peer support workers using *conformant clinical software* will be able to contribute information to an individual's My Health Record, by uploading an *event summary* in consultation with that individual.

If I'm in private practice, how do I know if my software is conformant?

The *Register of Conformity* lists software products and the versions that have been assessed for conformance with national digital health requirements.

If my software is not conformant, does this mean I will have to purchase new software in order to contribute to an individual's My Health Record?

If your software product is not listed in the *Register of Conformity*, you can contact your software vendor to check if they plan to connect to My Health Record.

If your clinical software is listed but not using the same version, you may need to upgrade to the latest version. Contact your software vendor for further information.

Alternatively, health providers can use the 'view-only' version through the National Provider Portal.

View and upload to My Health Record

Key messages

> By default, clinical documents in My Health Record are set to general access for healthcare providers. This means healthcare providers can view all documents within an individual's record, except for information that has been entered in the consumer-only notes section and documents that may have been restricted or removed.

> An individual's My Health Record may not include a record of every interaction the consumer has had with the health system or an up-to-date status of their health.

> Viewing an individual's My Health Record should be guided by a healthcare provider's need for information to support their clinical decision-making.

> When to upload information to an individual's My Health Record should always be guided by a discussion with the patient about what information will be important and beneficial to their ongoing care.

> While healthcare providers are not obliged to use the My Health Record system for every consumer or for every encounter, it is important to recognise instances when it will be particularly useful for continuity of ongoing care. If the consumer expressly requests that a document or specific information not be uploaded, healthcare providers must comply. Also, be mindful of relevant State and Territory laws pertaining to the uploading of particular health information.

Registered healthcare providers using conformant clinical software can upload information to the My Health Record system, such as event summaries, specialist letters and prescription records.

Healthcare providers who decide to use the My Health Record system are free to apply their clinical judgement to determine when and how they will use the system. Healthcare providers are not obliged to use the My Health Record system with every consumer or for every encounter. However it is important to recognise those instances when it will be particularly beneficial.

Tips for uploading information in a consumer's My Health Record

Information healthcare providers choose to upload to My Health Record should be guided by:

> when there is a clinically meaningful change (i.e. diagnosis, change of medicine, treatment plan)

> in order to share a summary of information with other healthcare providers involved in care

> when the patient is being discharged.

Tips for viewing information in a consumer's My Health Record

If a healthcare provider is treating an individual for the first time, it may be beneficial to view the individual's medicines, allergies, immunisation and medical history in their MHR:

> after hospital discharge

> after an after-hours GP visit

> after an incident on holidays

> after the patient has seen a specialist

> in an emergency situation.

Shared health summary

The shared health summary represents the consumer's status at a point in time. Shared health summaries can be created at any consultation, and may include information about an individual's medical history, including:

> medical conditions

> medicines

> allergies and adverse reactions

> immunisations.

A shared health summary can be created and uploaded to the My Health Record system by:

> a Registered Medical Practitioner

> a Registered Nurse

> an Aboriginal and Torres Strait Islander Health Practitioner with a Cert IV in Aboriginal and/or Torres Strait Islander Primary Health Care.

The most recently uploaded shared health summary in an individual's My Health Record is likely to be the first document accessed by any other healthcare provider viewing an individual's My Health Record.

View example of a shared health summary.

Case study:

Using and uploading a shared health summary

Lily suffers from bulimia and has significant chronic pain from a vertebral fracture due to osteoporosis. She is on a complex mix of medications and has been in and out of hospital.

Lily visits a new GP for the first time. The GP conducts a health assessment and enters details into her local GP clinical information system and thinks this is a good opportunity to discuss uploading a shared health summary to Lily's My Health Record. The GP first obtains Lily's agreement that she will be her nominated healthcare provider and that she would like a shared health summary to be uploaded. They then discuss what information will be important and beneficial to her ongoing care and Lily agrees what information will be in the shared health summary that is uploaded.

Over the following weeks, Lily visits the psychologist, pharmacist and dietician. Even though they did not have clinical software, they were able to view the shared health summary using the National Provider Portal – which included information about her medical conditions, medicines, allergies and adverse reactions, and immunisations.

Event summary

An event summary may be used to indicate a clinical intervention, improvement in a condition or that a treatment has been started or completed.

An event summary may contain:

> allergies and adverse reactions

> medicines

> diagnoses

> interventions

> immunisations

> diagnostic investigations.

View example of an event summary.

Case study:

Using an event summary

Rob is a 45 year old unemployed male looking for part-time work. Rob has a long standing generalised anxiety disorder and has frequent but mild panic attacks. He does not have a regular GP. Rob is struggling to find work and is getting quite anxious when preparing for a job interview.

On a weekend night, he suddenly experiences intense panic symptoms and feels like he is gasping for air. He rings the after-hours locum GP service, and a locum GP visits and diagnoses a panic attack and reassures Rob. He gives Rob a sample anxiolytic medication (and a prescription for the same medication) to relieve his symptoms. The locum GP creates a consultation note and also uploads an event summary to Rob's My Health Record. The event summary includes a clinical synopsis, the medication prescribed and advice to see a local GP in the next few days.

Rob visits a local GP as advised, and the GP is able to see the event summary from the locum service. His local GP assesses Rob, reviews his medication, and prepares a GP Mental Health plan and refers Rob to a psychologist for psychological therapy. The GP also uploads a shared health summary for Rob.

Discharge summary

A discharge summary captures details of an individual's hospital stay in a structured format. The information contained in the discharge summary can be shared between the individual's doctor, the referring specialist and a community pharmacy to support the continued care of the individual once they are discharged from hospital.

When a healthcare provider creates a discharge summary, it will be sent directly to the intended recipient, as per current practices. When a hospital is connected to the My Health Record system, a copy of the discharge summary can also be sent to the individual's My Health Record.

View example of a discharge summary.

Case study:

Using a discharge summary

Jeff was flown by air ambulance to a metropolitan hospital for open heart surgery after an out of hospital arrest at his home in a rural community.

During a session with the physiotherapist at the metropolitan hospital, Jeff became teary and negative about his future. As Jeff was due to return home the following day, the physiotherapist recommended that a psychologist from the Community Mental Health Team at his home base hospital follow up with him.

The metropolitan hospital doctor completed a discharge summary with the physiotherapist's recommendation to Jeff's GP and uploaded it to Jeff's My Health Record. Jeff visited his GP, who was able to view Jeff's discharge summary and upload an updated shared health summary, and referred him to the base hospital's local psychologists.

When Jeff visited the psychologist at the home rural base hospital, they were able to access Jeff's My Health Record to gain an understanding of his recent hospital admission by instantly reviewing his discharge summary, including the concerns expressed by the physiotherapist in regard to his depressed presentation.

Medicines information view

The medicines information view can quickly sort and display medicines information held in various clinical documents of a individual's My Health Record, in date or alphabetical order..

The information in the medicines information view is gathered from:

> the individual's prescription and dispense records and other PBS claims information

> the individual's most recent shared health summary and discharge summary

> recent event summaries, specialist letters and e-Referral notes uploaded to the individual's record since their latest shared health summary, and

> the individual's personal health summary that may include any allergies or adverse reactions, including those extracted from various clinical documents that has been uploaded by a healthcare provider, and other key information.

View example of a medicines information.

Simulation of conformant clinical software

Using the password **TrainMe**, learn how to view and upload in My Health Record using different clinical software products such as Bp Premier, Genie and others on the *My Health Record website*.

Case study:

Using the medicines information view

Simon lives in Victoria and managed his BPD reasonably well with few hospital admissions for manic or psychotic episodes. After his last hospital admission, he absconded and drove himself interstate to avoid contact with the community mental health team. He was non-compliant with his discharge medications and soon became manic again, making inappropriate advances to female staff at a restaurant. The owner contacted the police, and they soon realised that Simon was mentally ill. He was taken to a major psychiatric hospital and his mania was controlled on a new medication regime.

The hospital viewed his My Health Record and noted an increasing frequency of admissions over the last few years and the medications used in the discharge summaries. When they looked at the medicines view it appeared that after each hospital discharge, prescriptions from his GP were never dispensed. This highlighted the need for tighter medication use and surveillance by his GP, community pharmacist, the community mental health team and his psychiatrist. The result so far has been no hospital admission over the last 12 months, good compliance with his medications, including regular pathology tests indicating therapeutic drug levels - all uploaded to his My Health Record and viewable by all his health care team.

Consent to view and upload information

Under the *My Health Records Act 2012*, healthcare providers are authorised to view and upload information to the My Health Record system. This means that, subject to certain situations outlined below, there is no requirement for a healthcare provider to obtain consent on each occasion prior to uploading or viewing clinical information.

Where the consumer has registered themselves for a My Health Record, they will have provided consent for registered healthcare providers involved in their care to access and upload information to their My Health Record.

Alternatively, where the consumer has had a My Heath Record created for them (for example, as part of the transition to the opt-out participation model), the *My Health Records Act 2012* authorises registered healthcare providers involved in their care to access and upload information to their My Health Record.

Case study:

Patient consent and sensitive information

Jenny has severe depression and some psychotic symptoms, with a presumptive diagnosis of schizo-affective disorder. She takes a complex mix of medications and is in and out of hospital on a regular basis. Recently her symptoms have worsened, and she visits the psychiatrist.

During the consultation her psychiatrist increases her antidepressants and prescribes antipsychotic medication for the psychotic symptoms. Although the psychiatrist is not required by law to ask for Jenny's consent to upload this information to My Health Record, he discusses it with her first, given that this is sensitive information.

Jenny agrees that it would be useful to have the information in her My Health Record but does not want any information relating to psychotic symptoms or possible schizo-affective disorder to be uploaded. Her psychiatrist is obligated to comply with her wishes and does not upload the information relating to her psychosis or possible schizo-affective disorder.

Her psychiatrist also informs her that PBS information relating to her antipsychotic medication will appear in her My Health Record, so she may need to delete this if she doesn't want it to appear on her records. She will also need to request that the pharmacist does not upload the antipsychotic medication to her dispense record.

Clinical practice tips

> Advise the consumer when uploading information to their My Health Record, particularly if this information might be perceived as sensitive.

> Discuss with the consumer the potential risks of excluding information from their My Health Record, and explain the benefits of ensuring all information is included.

> Continue to verify the information in a consumer's My Health Record with the individual themselves, or where necessary their carers or other healthcare providers.

> If it is requested, **always** comply with the consumer's final decision to not upload certain information.

Situations where documents should not be uploaded

If the consumer specifically asks the healthcare provider not to upload particular documents or information to their My Health Record, the healthcare provider must comply with the individual's request. This is a condition of the organisation's registration with the My Health Record system. A healthcare provider may advise the consumer about the potential risks of excluding information from their My Health Record and explain the benefits of ensuring all information is included.

The *My Health Records Act* recognises that under some state and territory laws consent must be given expressly, or in a particular way, before information related to specific areas of health is disclosed.

If a State or Territory law is listed in clause 3.1.1 of the *My Health Records Regulation 2012*, the consent requirements of those laws overrule the provisions of the *My Health Records Act*.

Frequently asked questions

Is it possible for patients to delete information in My Health Record?

Consumers cannot **edit** any document that has been uploaded by their healthcare providers to their My Health Record. This means they cannot change or remove parts of any document uploaded by their healthcare provider.

Consumers can **remove** entire documents from their record. If this is done, this information will not be accessible, even in an emergency situation.

- -
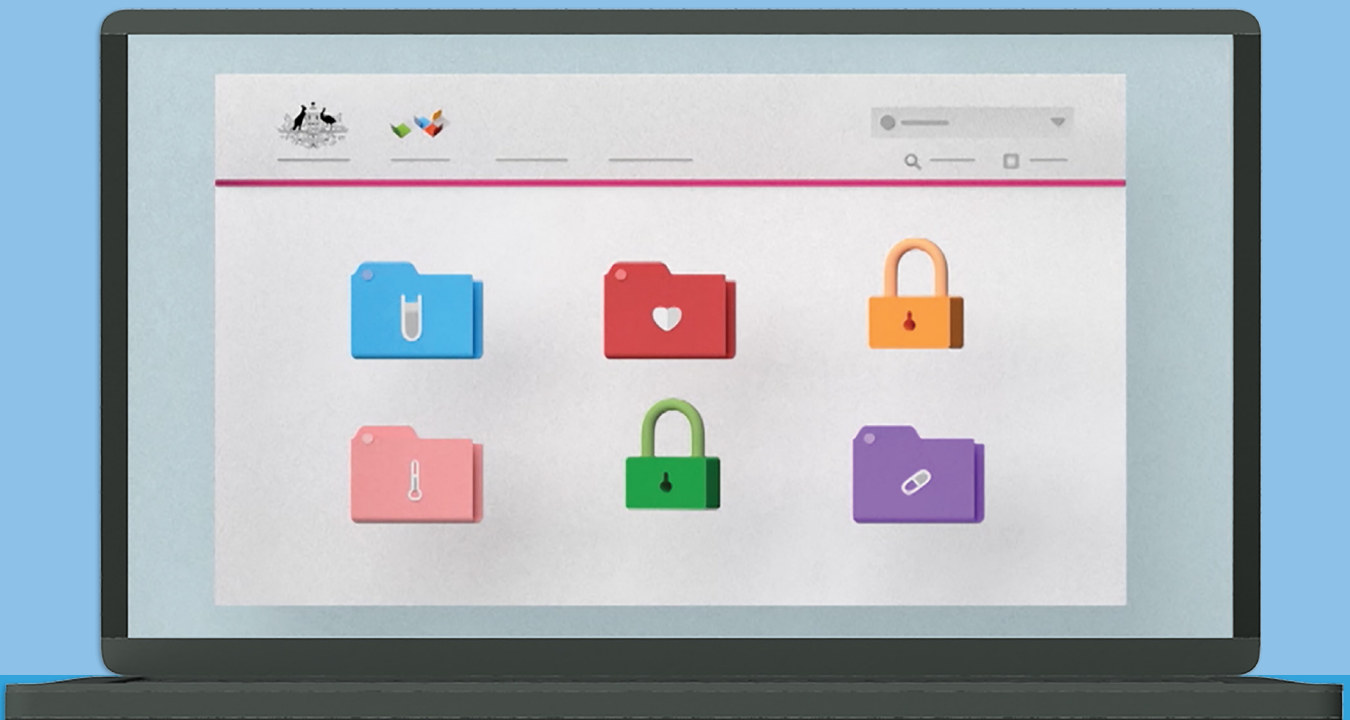
Is it possible to reinstate information from a cancelled record?

Cancelled records cannot be recovered. If an individual decided to cancel their My Health Record, all information in their record, including any backups, will be permanently deleted from the system.

If an individual decides to re-register, their new My Health Record will not contain any information from the previous record.

Understand privacy, security and consent

Standards, policy and legislation

All healthcare providers in Australia have professional and legal obligations to protect an individual's health information. Healthcare organisations participating in My Health Record are required to comply with the legislations outlined in table 3.

Table 3. Legislation governing the My Health Record system

Legislation	Overview
My Health Records Act 2012	Establishes the role and functions of the System Operator, registration framework and privacy framework participating in the system.
My Health Records Rule 2016	Specifies requirements for registered entities in the system.
My Health Records Regulation 2012	Specifies additional information as identifying information and privacy laws that continue to apply to the disclosure of sensitive information.
My Health Records (Assisted Registration) Rule 2015	Specifies requirements for registered healthcare providers that assist individuals to register (through 'assisted registration').
My Health Records Amendment (Strengthening Privacy) Act 2018	Specifies the changes made to strengthen privacy and security protections for people using My Health Record. For more details about this Act, **see this summary**.

About the *My Health Records Act 2012*

The My Health Record system operates under the *My Health Records Act 2012* which establishes:

> the role and functions of the System Operator (Australian Digital Health Agency)

> a registration framework for individuals, and entities such as healthcare provider organisations, to participate in the My Health Record system; and

> a privacy framework (aligned with the Privacy Act 1988) specifying which entities can collect, use and disclose certain information in the system (such as health information contained in a healthcare recipient's My Health Record), and the penalties that can be imposed on improper collection, use and disclosure of this information.

Read here for more information about the legislation in the My Health Record system

Mental Health Act

The *Mental Health Act* establishes the legislative framework within which care and treatment can be provided for a person living with a mental illness or mental disorder. It is important to recognise that each State and Territory has its own variation of the Mental Health Act.

Local jurisdictions and professional associations can be contacted for specific information about the responsibilities of a healthcare professional in the mental health sector.

Emergency Access

There are certain situations, defined in the *My Health Records Act 2012 (section 64)*, where it may be permissible to bypass any restrictions set in a consumer's My Health Record. This is referred to as the break glass function.

When emergency access is granted, any **access controls** previously set by the patient are overridden. This allows any restricted information to be viewed by the healthcare provider and/or organisation.

Emergency access to a record is available for a maximum of five days. When this period ends, the My Health Record reverts to its previous settings. If the emergency situation continues beyond the initial five-day period, a healthcare provider will need to request emergency access again by contacting the System Operator.

Appropriate use of emergency access

Emergency access is only authorised under the *My Health Records Act 2012 (section 64)* if:

> there is a serious threat to the individual's life, health or safety and their consent cannot be obtained (for example, due to being unconscious); or

> there are reasonable grounds to believe that access to the My Health Record of that individual is necessary to lessen or prevent a serious threat to public health or safety. For example, to identify the source of a serious infection and prevent its spread.

A healthcare provider will be contacted by the System Operator (Australian Digital Health Agency) if the break glass function is used.
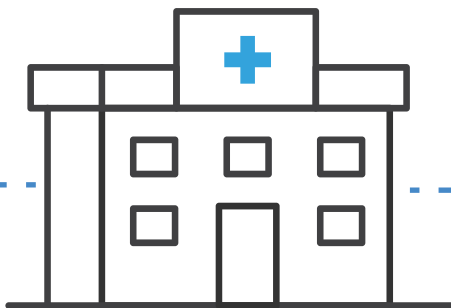
Case study:

Using emergency access

A 25-year-old female, collapses in the community mental health unit shortly after saying that she has taken an overdose of her medication which she takes for severe depression. The staff were unable to ascertain which medication she had taken before she collapsed.

While waiting for the ambulance, the mental health nurse is able to verify that she has a My Health Record, but there is an access code on her record. As it is impractical to obtain consent from her and her life is at risk, the mental health nurse employs emergency access to view her record once the ambulance has been called. Upon accessing her My Health Record, the mental health nurse opened up the Medicines Information view and confirmed which medication she may have taken, enabling the paramedics and emergency department to treat her more appropriately.

The mental health nurse documents the details related to the emergency access to ensure sufficient information can be provided to the System Operator (Australian Digital Health Agency) upon request.

When not to use emergency access

It is important to note that unlawful use of the emergency access function is subject to civil and criminal penalties under the *My Health Records Act 2012*.

A healthcare provider must not use emergency access:

> if they already access the consumer's My Health Record as part of their usual routine practice

> to view their own My Health Record or a record of a family member

> to demonstrate how to use the emergency access function

> when the individual has forgotten the access code they have set (except where there is a serious threat to the individual's life, health or safety)

> to check whether any restricted documents exist (except where there is a serious threat to the individual's life, health or safety and they are unable to provide consent, or to lessen or prevent a serious threat to public health or safety).

My Health Record Security

The My Health Record system is managed in line with the *Australian Government Protective Security Policy Framework*, and is protected by legislation which governs the way the system is accessed, managed and used.

Design features include many safeguards to protect the information stored within the My Health Record system, including audit trails, technology, data management controls, and appropriate security measures to minimise the likelihood of unauthorised access to information in a consumer's record.

A range of information security *guidance materials* for healthcare organisations has been developed.

Tips for implementing security practices and policies

It is important that healthcare organisations document and implement internal practices and procedures to protect personal information when using digital health systems.

It is not only important, organisations participating in My Health Record are legally required to have, communicate to staff and enforce, a My Health Record security policy.

This *checklist* can be used as a guide to implementing security practices and policies for healthcare organisation.

Managing clinical incidents in My Health Record

A **clinical incident** is defined by *Australian Commission on Safety and Quality in Health Care* (ACSQHC) as *an event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person and/or a complaint, loss or damage*.

A clinical incident can be related to safety, usability, technical, and privacy or security issues.

For example, a clinical incident may relate to the My Health Record system or content directly, or the behaviour of clinical software when interacting with the My Health Record system.

Tips for what to do in a clinical incident

If a clinical incident is identified a healthcare provider should:

> report the clinical incident/issue as soon as possible to the My Health Record helpline on 1800 723 471 (available 24 hours, 7 days)

> call their software vendor to see if the issue can be resolved locally; and if not,

> contact the relevant service listed on the *support page*.

Managing a data breach

Healthcare providers must notify the Australian Digital Health Agency of any potential or actual data breaches that relate to (or may relate to) the My Health Record system. The *My Health Records Act 2012* states that a data breach of health and personal information involves:

> Unauthorised collection, use or disclosure of health information in an individual's My Health Record; or

> A situation where:
  - an event that has, or may have, occurred or
  - any circumstances that have, or may have arisen that compromise, or may have compromised, the security or integrity of the My Health Record system (whether or not involving a contravention of the *My Health Records Act 2012*).

Other data breaches that do not involve the My Health Record system may need to be handled in accordance with the *Privacy Act 1988* **Notifiable Data Breaches scheme**.

Useful resources

Implementation of My Health Record in practice: a practical case study
Webinar

Security practices and policies checklist
Checklist

Emergency access brochure
Information sheet

Frequently asked questions

Do healthcare providers need the consumer's consent to view their My Health Record?

No, they do not need the consent from the individual to view their record. They can access a consumer's record outside of a consultation, provided that access is for the purpose of providing healthcare to the individual.

Consumers may, however, choose to enable My Health Record privacy settings to control which healthcare organisations can access their My Health Record. They can limit access to their entire record (using a Record Access Code) or to particular documents (using a Limited Documents Access Code). The consumer will need to provide their access code to a healthcare provider for them to access their My Health Record when prompted by their clinical software to do so (unless it is an emergency situation in which case a provider can use the emergency access functionality).

For more information, see *Patient access controls* and *Emergency access*.

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How is a consumer's capacity determined?

If the individual has fluctuating capacity to manage their own My Health Record, they may choose to appoint a nominated representative for additional support.

To become an authorised representative for an adult, supporting information must be provided such as:

> written advice from a medical practitioner or psychologist to show the record owner lacks the capacity to manage their own My Health Record, and

> written evidence of one's authority to act on behalf of the record owner.

Further information about the process for becoming an authorised representative can be found on the My Health Record *website*.

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How do you determine a nominee's capacity to become an authorised and/or nominated representative?

Whether a person can be appointed as an authorised or nominated representative depends on their relationship to the person they are representing, their age and whether they have the capacity to manage their own records.

A consumer's nominated or authorised representative must act in the best interest of the person they are representing.

For more information, see *authorised representatives* and *nominated representatives*.

- -

How will the consumer's information be shown in their record?

Mental illness diagnosis information may be recorded within certain documents uploaded to My Health Record including the shared health summary, specialist letter, discharge summary or an event summary.

There is healthcare provider discretion as to whether information is uploaded to a My Health Record. Healthcare providers are encouraged to discuss with the consumer about what information is uploaded to their My Health Record.

All relevant clinical information should continue to be stored in the healthcare provider's own records as per current practice, regardless of what is uploaded to My Health Record.

How to support consumers and their carers

Key messages

> Consumers can set up notifications to receive an email or SMS, any time a new healthcare provider accesses their My Health Record for the first time or during an emergency.

> If the consumer has a My Health Record and they decide they don't want one, they can cancel it at any time. All information in their record, including any backups and any authorised representatives linked to this record, will be permanently deleted from the My Health Record system.

> If healthcare providers are not confident about determining an individual's capacity to manage their own record, they may defer this decision to a medical practitioner who has specific skills to make such an assessment.

This section outline different ways healthcare providers can help consumers and their carers engage with the My Health Record System. Consumers can decide what they want to include in their record, and start sharing health information with their treating healthcare providers.

To access their My Health Record online, consumers need to have a *MyGov account* and link it to their My Health Record.

Logging in to My Health Record for the first time

Unless the consumer activates their My Health Record, there will be little or no information within it. Once a record has been activated, two years' worth of Medicare information such as doctor visits under the Medicare Benefits Schedule (MBS) and their Pharmaceutical Benefits Scheme (PBS) claim history, organ donor decisions or data from the Australian Immunisation Register may be available.

Previous medical history such as older tests and medical reports will not be uploaded in a person's My Health Record. Only new reports can be uploaded by participating pathology labs or diagnostic imaging providers.

The consumer may ask their healthcare provider to upload clinical information to capture important past health information, which can be shared with other treating healthcare providers.

After the individual has logged into their My Health Record, they can choose to remove information that has been uploaded by Medicare and/or add personal health information straight away.

For more information on how patients can *log in to their My Health Record for the first time*.

Patient permission and controls

Consumers can manage access to their My Health Record through a range of privacy and security mechanisms, including:

> Limiting access to the entire record by setting a record access code which allows the consumer to give access to selected health providers and restrict access to others

> Limiting access to specific documents using a document access code

> Receiving email or SMS notifications when a new healthcare provider organisation accesses their record or other functions are performed

> Withdrawing consent to have information uploaded to their record (which healthcare providers are obligated to comply with)

> Removing documents from their record

> Stopping future MBS, DVA, PBS, or RPBS information being added to their record

> Monitoring which healthcare organisations access their record through the record's access history

> Cancelling the record at any time.

If the consumer has set access controls, they will need to provide their access code to their healthcare provider to be able to access information on their My Health Record.

Types of security codes

> **Record access codes (RAC)** control which healthcare provider organisations can see your record.

> **Limited document access code (LDAC)** control healthcare provider's organisations' access to specific documents.

> **Personal access code (PAC)** allow your nominated representative(s) to access your My Health Record.

Cancelling a My Health Record

If the consumer has a My Health Record and they decide they no longer want one, they can cancel it at any time. All information in their record, including any backups and any authorised representatives linked to this record, will be permanently deleted from the My Health Record system.

Deleted information cannot be recovered and will not be accessible by the individual or by their healthcare providers, even in an emergency.

Healthcare providers may also have copies of medical information stored in their own record-keeping systems. When cancelling a record, only copies uploaded to the patient's My Health Record will be deleted.

Find out more about cancelling a My Health Record.

Authorised and nominated representatives

Consumers may involve other people such as a carer, family member or a trusted friend to have access to their My Health Record. In these situations, consumers can choose to assign the following roles:

> **Authorised representative** – A person who is responsible for managing the My Health Record of someone who cannot manage their own. This could be for their child under 14 years, or an adult who lacks the capacity to manage their own My Health Record.

> **Nominated representative** – A person who the consumer can invite to access their My Health Record to view or help them manage their record.

Authorised representatives

There may be several authorised representatives in a consumer's My Health Record. For example, both parents can be authorised representatives for their child who is under 14 years old.

An authorised representative must act in the best interest of the person they represent. They have complete access and control over the record, as if it was their own.

An authorised representative may be a parent, carer, family member, legal guardian, or someone with enduring power of attorney.

If a healthcare provider is not confident about determining an individual's capacity to manage their own record, they may defer this decision to another healthcare provider who has specific skills to make such an assessment.

Find out more about how to *manage a record as an authorised representative*.

What can Authorised representatives do?
> View, remove and add information
> Choose whether Medicare information is uploaded to the record
> Choose which healthcare provider organisations can access the record
> Add or remove nominated representatives
> View other authorised representatives
> Cancel the record to permanently delete it.

Case study:

Authorised representative and determining capacity

Sally, 65 years suffers from Dementia and visits her psychologist with her daughter, Felicity.

Sally's condition has deteriorated and Felicity asks the psychologist about becoming an authorised representative for Sally's My Health Record.

The psychologist has a discussion with Sally, her daughter Felicity (who has power of attorney), and others involved in her care and, using his clinical judgement, agrees that it would be in Sally's best interest for Felicity to manage her record – Sally does not have the capacity to manage her own care, let alone her own My Health Record.

Felicity applies to the system operator (the Digital Health Agency) to become Sally's authorised representative by completing and submitting an **Application to register for a My Health Record**, with a supporting letter from the psychologist saying that Sally does not have capacity to manage her own My Health Record, and evidence that they have authority to act on Sally's behalf (an enduring power of attorney).

If healthcare providers are not confident about determining an individual's capacity to manage their own record, they may defer this decision to a medical practitioner who has specific skills to make such an assessment.

Nominated representatives

A nominated representative is someone that a consumer can invite to access their My Health Record to view or help manage their record.

A nominated representative might be a family member, close friend, or carer. They must act in accordance with the Individual's will and preferences.

Consumers can decide the level of access to give to their nominated representative.

The access types are:

1 > **General access** can view all documents except those you have marked as restricted.

2 > **Restricted access** can view all documents including those you have marked as restricted.

3 > **Full access** can view documents and make additions to an individual's My Health Record. This includes information about new allergies or emergency contacts. However, a nominated representative with full access cannot:

- register another person on another individual's My Health Record
- cancel an individual's My Health Record, whom they have access to
- make changes to other nominated representatives; or
- update an individual's Medicare document consent details.

Find out more about **nominated representatives**.

Case study:

Nominated representative and determining capacity

Wei is in his 30s and has bipolar disorder. He was first diagnosed in his late teens and had several previous hospital admissions with severe mania. When he activated his My Health Record, Wei made both of his parents full access nominated representatives for future times where he may not have capacity to make decisions in relation to his healthcare and his My Health Record. Wei's mental health has been stable for the past few years, but last week he broke up with his girlfriend and this was eventually followed by an intense manic period that saw him escorted to the emergency department by two police officers after he was physically abusive towards them when they pulled him over for speeding. Hospital staff were able to access his My Health Record, and upon close inspection, they were able to view details about Wei's nominated representatives, and contacted them, because the treating doctor had used her clinical judgement in deciding that Wei did not have current capacity to give informed consent. Using their privileges as Wei's nominated representatives, Wei's parents were able to advise the hospital about past treatment, supply corroborating information to that which was contained in Wei's My Health Record, and consented to having certain information uploaded to Wei's My Health Record.

Young people

Until the age of 14, a child's authorised representative, usually a parent or legal guardian, manages their My Health Record on their behalf.

When an individual turns 14, authorised representatives, and any nominated representatives are automatically removed. The child can provide access to their parents (or others) if they choose, by appointing them as nominated representatives.

In the case of children in care, a care agency employee can become an authorised representative and manage the record on behalf of the child.

Find out more about *managing a record from age 14*.

Case study:

Young people and My Health Record

Beth, 13 years old, visits her psychologist. She is very tearful upon arrival and explains that she had a heated argument with her mother about the antidepressant and contraceptive pill that had been prescribed by her GP. Beth was shocked to find out that her mother was able to view sensitive information in her My Health Record.

Beth explains that she had agreed to having the details of her consultations with the GP and psychiatrist uploaded to her My Health Record but didn't understand the ramifications of this. The psychologist discusses with her that she can let her GP, psychiatrist or pharmacists know that she doesn't want certain clinical documents being uploaded in the future, however, her Medicare claims would still be visible to her parents until she reaches 14 years of age.

The psychologist also explains that Beth's authorised representatives, including her parents, will automatically lose access to her record once she turns 14 years of age. Beth will then be able to take control of her My Health Record and manage what information is uploaded and who can see this information.

Aboriginal and Torres Strait Islander communities

Many people in Indigenous communities move across the region to visit family. My Health Record will enable continuity of care, knowing that when people go away, their records follow them.

When the consumer first sets up their My Health Record, they will be asked whether they identify as Aboriginal or Torres Strait Islander, or both. This information will assist in planning and providing appropriate and improved healthcare and services. An individual's Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment Measure will not be visible in My Health Record.

Find out more about supporting *consumers and their carers in Aboriginal communities.*

Culturally and Linguistically Diverse (CALD) population

Online information is available in other languages to help people from non-English speaking backgrounds learn more about My Health Record.

Phone-based assistance and support is also available to patients from non-English speaking backgrounds, and those living in rural and remote regions by calling the My Health Record Help Line on **1800 723 471 (select option 1)**.

Find information in *different languages*.

People with a disability

A person with a disability has different options to manage and access their record if they are unable to do so themselves, or if assistance is required.

Consumers can:

> allow someone they trust to access their record as a *nominated representative*, or to act on their behalf as an *authorised representative*.

> call the My Health Record Help Line on **1800 723 471 (select option 1)** if they do not want the assistance from a family member, carer or close friend to have access to their record

> call the National Relay Service on 1300 555 727 if they require hearing or speech-related help. Consumers can use the *ReadSpeaker Listen* function from **this link**, which will allow text on a website to be read out loud. **Click here** for details of help available.

People experiencing domestic and family violence

If an individual is affected by family and domestic violence, they can take steps to control the information in their My Health Record.

If an individual finds themselves or someone they know in a vulnerable situation and is concerned about access to their own or their children's My Health Record, they should immediately call the My Health Record Help line on 1800 723 471 to discuss the protections available.

The My Health Record system has strong systems in place to protect victims, and their families, of family and domestic violence including:

> the ability to set privacy and security controls such as access codes

> registering under a pseudonym for a My Health Record

> immediate suspension of all authorised representatives linked to a particular record

For more information, visit the *My Health Record website* or download the *family safety brochure*.

Registering as a pseudonym for My Health Record

For privacy reasons, individuals might use a different name for themselves or their children when they get healthcare.

To do this, they need to apply for a pseudonym Individual Healthcare Identifier (IHI) through the Department of Human Services (DHS). They can then use this name to register for a My Health Record. Their pseudonym IHI isn't linked to their Medicare information, so this information will not be available in their record. They will not be identifiable or traceable through their pseudonym.

They can choose to have a My Health Record using their real name as well as their pseudonym, and they have the option to merge these two records at any time.

To apply for a pseudonym IHI, individuals can call DHS on 1300 361 457.

Responding to consumer concerns

This section outlines key questions that may assist consumers and their carers about their My Health Record. Healthcare providers can direct consumers and their carers to the **My Health Record website** for general questions about the My Health Record system.

Benefits of My Health Record

How will a My Health Record help me get better care for my mental illness?

Being in control of their general and mental health information puts the individual at the centre of their care and recovery journey.

If the individual has a mental health-related diagnosis, having a My Health Record can make getting the right treatment and ongoing physical and mental health care easier, safer and better coordinated.

Privacy and security

What protections are in place to ensure the information is not misused?

Employers and health insurance companies do not have access to the My Health Record system.

Criminal and civil penalties including up to two years' imprisonment apply to any person (or persons) such as an unauthorised healthcare provider or individual who collects, uses or discloses information from a My Health Record.

Refer to **Penalties for misuse of health information** for more information

What strategies are in place to protect people in vulnerable situations?

There are strong existing systems and protections in place to protect people in vulnerable situations. A parent who is concerned about a non-custodial parent or any other authorised representatives access to their child's My Health Record can call 1800 723 471.

All representative's access to the record can be immediately restricted access or suspended. Access to the record will not be provided until the eligibility of the parent or guardian is verified.

Managing information in My Health Record

What if I disagree with something that has been entered in My Health Record?

The suggested first step is to talk to the healthcare provider that made the entry or uploaded the document. This allows the individual to remain in control and clarify any questions about their care.

If the individual believes that information in their My Health Record contains an error or is missing key information, they should contact the relevant healthcare provider to have the information reviewed and corrected.

What happens when information is removed and then re-uploaded?

The consumer controls what is in their My Health Record, so they are able to remove a record or a clinical document from their My Health Record.

Once the consumer removes a document from their My Health Record, this information will be deleted and not be accessible, even in an emergency.

What if a consumer is having trouble proving their identity?

If a consumer is having trouble proving their identity online, they can contact the helpline on **1800 723 471** or ask their healthcare provider for help.

The individual will be given an *identity verification code (IVC)*, which is used to access the consumer's My Health Record online for the first time. The consumer will need this code to link their MyGov account to their My Health Record online.

If someone has opted out of My Health Record and needs help to re-register, can a healthcare provider assist?

Offering assisted registration is voluntary. Healthcare providers who wish to register their patient with My Health Record will need to lodge an application, and register with the System Operator (the Australian Digital Health Agency) in order to participate.

Healthcare providers cannot offer assisted registration to individuals aged 14-17 years old, any adult who does not have capacity to consent for themselves, or who is acting on behalf of an adult in their care.

Refer to *register patients for a My Health Record* page for more information.

Access to My Health Record information

How can access to my record be quickly added or withdrawn for situations when child protection services or other relevant government department or authorities are involved?

Individuals can call the My Health Record Help Line to get assistance in setting certain access controls, such as Notification Settings and Record Access Codes.

The particular circumstances are outlined in section 69 of the My Health Record Act, and include a requirement to either relate to the My Health Record system or have the consent of the individual to whom the information relates.

In certain circumstances, for example, the authorised representative is not acting in accordance with the will and preference of the consumer, the System Operator has the ability to restrict the creation of or access to a child's My Health Record.

To become an authorised representative, the consumer is required to apply to the System Operator.

What can I do to manage my record if my mental state or capacity is declining?

Consumers may ask someone to speak on their behalf, and make decisions about their medical treatment, if they are unable to do so themselves. They can share this information in their My Health Record as an *advance care plan* where it will be available to healthcare providers at the time and place it is needed.

If healthcare providers are not confident about determining a patient's capacity to manage their own record, they may defer this decision to a medical practitioner who has specific skills to make such an assessment.

Chapter 7

List of resources

List of resources

Title	Topic area	Type
Getting started with My Health Record	Awareness and Benefits	Video
What are the benefits of My Health Record system?	Awareness and Benefits	Video
Digital health directories for healthcare providers	Registering and connection	Fact sheet
Digital Health Provider Contacts	Registering and connection	Fact sheet
My Health Record Registration Overview for Allied Health	Registering and connection	Website
Registration guide to access My Health Record via conformant software	Registering and connection	Guide
Registration guide to access My Health Record via NPP	Registering and connection	Guide
My Health Record Security and Access Policy	Registering and connection	Template
Overview of policies to participate in digital health	Registering and connection	Fact sheet
Clinical software summary sheets	Registering and connection	Web
My Health Record Online Training	Using My Health Record	e-Module
On Demand Training (Clinical Software Simulators)	Using My Health Record	Simulator
Uploading a Shared Health Summary with Clinical Software	Using My Health Record	Fact sheet
Uploading an Event Summary with Clinical Software	Using My Health Record	Website
Provider Portal Fact Sheet	Using My Health Record	Fact sheet
Provider Portal Demonstration	Using My Health Record	Fact sheet
Information Security Guide for Small Healthcare Businesses	Understand privacy and security	Fact sheet
Data Quality Checklist for 'Active' Patients	Understand privacy and security	Booklet
Digital Health Provider Contacts	Understand privacy and security	Checklist
My Health Record: All you need to know	Communicating with patients	Factsheet
Getting started with My Health Record	Communicating with patients	How-to video
My Health Record – Communicating with Consumers	Communicating with patients	Guide
Consumer Portal 'How To' Guides	Communicating with patients	Webinar
Securely in one place	Communicating with patients	Brochure
Control who can look at your health information	Communicating with patients	Booklet
How your My Health Record information is protected	Communicating with patients	Booklet
Keeping your My Health Record information safe	Communicating with patients	Fact sheet
My Health Record – Adult	Communicating with patients	Booklet
My Health Record – Parents and Carers	Communicating with patients	Booklet
My Health Record – Young People	Communicating with patients	Booklet
Putting you in control of your child's health records	Communicating with patients	Fact sheet
Keeping your My Health Record information safe: Simple security and privacy tips	Communicating with patients	Brochure
Carers	Communicating with patients	Fact sheet
Pathology and diagnostic imaging reports	Communicating with patients	Fact sheet
Secondary use of My Health Record data	Communicating with patients	Fact sheet
Where to find documents in My Health Record	Communicating with patients	Video
How to access your My Health Record online	Communicating with patients	Video
Document privacy access and control	Communicating with patients	Video
Setting document privacy and access controls	Communicating with patients	Video
Adding personal information	Communicating with patients	Video
Where to find your medical information	Communicating with patients	Fact sheet
How to add personal health information	Communicating with patients	Fact sheet
Update your personal details like name, address or Medicare number	Communicating with patients	Website
Assisted Registration: A guide for Healthcare Provider Organisation	Communicating with patients	Guide
Family safety brochure	Communicating with patients	Brochure
Manage your My Health Record from age 14	Communicating with patients	Fact sheet

Webinar recordings

Implementation of My Health Record in practice: a practical case study

This webinar highlights clinical situations where access to information within My Health Record may enhance patient care, provides practical advice on security aspects, demonstrates how to protect personal information, and how to communication with patients about managing sensitive information in My Health Record.

An introduction to My Health Record: for mental health professionals

This webinar explains key features of My Health Record, including different mechanisms to access the clinical information including different types of clinical information contained within My Health Record. This resource outlines the registration process for My Health Record and access via the National Provider Portal, and assist with communicating with patients about the benefits of having a My Health Record and how it may assist in clinical-decision making.

Getting connected to My Health Record

This webinar outlines the steps involved in registering for and connecting to the My Health Record system. It is useful for healthcare providers who are planning to register and wanting to learn what preparation is required to enable safe and secure connection to the system.

Legislation and privacy consideration underpinning the use of My Health Record

This webinar outlines the Australian privacy laws, principles and requirements and how they apply in the context of My Health Record. It aimed to explain how patients can protect their privacy and control access to their My Health Record.

My Health Record - Privacy, Security and Patient Consent

This webinar outlines the security features of the My Health Record system, the legislation which underpins healthcare providers' use, and providers' obligations as they relate to consumer consent. It will be useful for healthcare providers in establishing policies and procedures which support the My Health Record privacy, security and patient consent requirements.

What's in My Health Record and how do I view and upload?

This webinar outlines the types of information that are typically found in a My Health Record, as well as how to view this information and where possible, upload information. It will be useful for healthcare providers who are connected to the system and ready to start engaging with it.

My Health Record - Communicating with Consumers

This webinar outlines for healthcare providers how and what to communicate with consumers regarding My Health Record and the range of materials on offer to support this communication, as well as how to register a consumer through clinical software. It will be useful for healthcare providers in supporting consumers to understand what the system is and how to manage their records.

Support

List of contacts

A range of services are available to support healthcare providers, consumers and their carers. This list can also be downloaded from the My Health Record website.

Your clinical software system

Your organisation's IT team or your software vendor's help desk

My Health Record system

Australian Digital Health Agency System Operator helpline
Phone: 1800 723 471

My Health Record – Technical specifications

Australian Digital Health Agency Help Centre:
Phone: 1300 901 001
Email: **help@digitalhealth.gov.au**

Healthcare Identifiers (HI) Service

HI Service Enquiry line:
Phone: 1300 361 457

PKI certificates

The Department of Human Services eBusiness Service Centre for Medicare certificates:
Phone: 1800 700 199
Email: **ebusiness@humanservices.gov.au**

PRODA

The Department of Human Services:
Phone: 1800 700 199
Email: **proda@humanservices.gov.au**

Education and training sessions

The Australian Digital Health Agency can help with organising face-to-face education and training. To request education and training, please submit an **online form**.

There are also online training modules available on the My Health Record website. Each module provides an introduction to My Health Record and outlines its benefits, features and functionalities including:

> Benefits of My Health Record for healthcare providers and consumers

> Types of information that may be found in My Health Record

> Uses of My Health Record in a range of healthcare settings

> Privacy and security mechanisms underpinning My Health Record.

To access the training platform, visit **www.training.digitalhealth.gov.au**.

myhealthrecord.gov.au

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My Health Record