



## Information Management Procedure

**Our service collects and manages information with privacy and confidentially protecting the rights of our service users. We will offer consistency, transparency, and fair dealings with all our service users.**

This Policy provides guidance to **BASE DISABILITY** management, employees, volunteers, and contractors regarding our expectations. **BASE DISABILITY** is committed to a professional, systematic, and responsive approach which results in quality services and support.

### 1. Statement

We will comply with all relevant legislative, regulatory, and legal requirements and uphold the United Nations Convention on the Rights of Persons with Disabilities.

### 2. Accountability

We will hold ourselves and each other accountable to the commitment to high quality services and support.

### 3. **BASE DISABILITY** will:

- Uphold and comply with the NDIS Act 2013 and the National Disability Insurance Scheme Quality & Safeguards Commission Practice Standards & Quality Indicators, as well as all other relevant State and Federal service standards.
- Design, record and deliver our services in a person-centred way, enabling each client and those responsible for their care to exercise choice and control through the provision of clearly articulated and documented service and support options.
- Support each client's needs by providing and delivering professional, individual, high-quality service and support particularly in the event of significant change.
- Deliver services in a way that respects the client's gender, sexuality, culture, religion, and spiritual identity.
- Implement, monitor, and review our Service Access Procedure.
- Provide services and support that facilitates client's duty of care and dignity of risk.
- Ensure we recognise and respond to the diverse and changing support needs of our clients.
- Committed to supporting clients and employing staff from Aboriginal and Torres Strait Islander (A&TSI) and Culturally and Linguistically Diverse (CALD) backgrounds to maintain and strengthen their connection to their community, their spiritual and language connections.



- Provide active support to enhance their own capacity in one or more of the following areas being Developmental, Personal, Social, Emotional, Intellectual, Physical, Financial, Lifestyle, Employment, Education or Cultural.
- Be professional, helpful, and courteous at all times.
- Be open, transparent, and proactive in our communication and information provision.
- Support our clients, staff, and volunteers to maintain and where possible improve their health and wellbeing.
- Maintain a high standard of customer service by investing in our staff and engaging with them on service and support issues.
- Take a human rights-based approach to services and support for our clients.
- Respect their rights, privacy, and dignity, while understanding and providing services that satisfy their needs and support them to achieve their goals and aspirations.
- Establish and maintain professional working relationships with client's key stakeholders.
- Engage, negotiate, and network with individuals and/or organisations for quality service provision within the best interest of the clients.
- Outline and uphold a clear purpose of our involvement and the expectations of all parties.
- Ensure workers comply with reasonable directions given by **BASE DISABILITY**. Maximise the potential of existing assets through planned proactive and regular maintenance of our properties and vehicles in line with the forecasted and scheduled maintenance plans.
- Invest in and/or divest assets for long term suitability.
- Prioritise assets and suppliers that facilitate growth and improved productivity as well as fostering opportunities for innovation in service responses.
- Ensure whole of life costs are factored in when providing fit for purpose asset solutions & service provision and delivery.
- Consult with all stakeholders about decisions that affect them.
- Be honest and respectful at all times to build strong relationships, partnerships and trust with stakeholders including potential customers, government, government agencies, donors, opinion leaders and future employees.
- Communicate in a relevant, inclusive, timely and responsive manner.
- Make decisions in an open and transparent way, providing feedback where appropriate in order to explain our decisions and how stakeholder input influenced the outcome.
- Be open to different views, needs and expectations as we continually improve our support services.
- Educate our workforce, contractors, business partners and others in regard to all our systems, policies, procedures, workplaces, legislative, regulatory, and legal requirements.
- Implement, monitor, and evaluate policies and procedures relevant to all legislative, regulatory, and legal requirements.
- Value the expertise, knowledge, and experience that stakeholders contribute, and we aim to access this to make the best-informed decisions in relation to our strategic priorities, policies, procedures, and operations.



## 4. Information Management

**BASE DISABILITY** is committed to ensuring the capture, storage, disposal and use of information is effectively managed in accordance with legislative requirements. **BASE DISABILITY** will uphold the rights of service users to privacy and confidentiality in relation to:

- Gaining informed consent from its service users in the use of management of their information held by **BASE DISABILITY** Providing information regarding consent and service user information management to service users in a meaningful and understandable format
- Handling and transferring information, whether written or verbal, within the **BASE DISABILITY**. Communication of service user information to other agencies/individuals
- Storage of information and service user files
- Obtaining informed consent from service users
- Informing service users of the limitations of confidentiality and consent

**BASE DISABILITY** is also committed to operating in a transparent manner and to freedom of information, and to the rights of service users to access information held about them in a proficient and professional manner

## 5. Information Management Process

### 5.1 Consent to Exchange, Use, Retain, and Store Information

**BASE DISABILITY** obtains consent for all new and existing client using our services and support. This practice is completed at Service Intake and updated annually after by **BASE DISABILITY** Manager or delegate. **BASE DISABILITY** does or does not obtain consent from the client or relevant person using the following

- Emergency, Medical & Medication Consent Form
- Service Provision, Privacy & Confidentially Consent Form
- Water Based Activity Consent Form
- Informed Refusal of Consent

### 5.2 Exchange of Information

**BASE DISABILITY** exchanges information (obtain or receive) that is relevant to the support, support, care, health, safety, welfare, or wellbeing of a person. This may include but not limited to

- assist decision-making or undertake an assessment or plan relevant to the safety, welfare, or wellbeing of a person
- during the initiating and conducting of an investigation related to the safety, welfare, and wellbeing of the person



- provide a service or support to a person
- another service could provide services or support - referral
- manage any risks that might occur

When exchanging information from another person, service, or organisation, **BASE DISABILITY** will:

- Identify the subject of the information request and, if it is not the child or young person, identify the subject's relationship to the child or young person.
- Explain how the information requested relates to the support, support, care, health, safety, welfare, or wellbeing
- Explain why the information will assist in decision-making, assessing or planning, initiating an investigation, providing a service or managing risk to the person.
- Provide a sufficient level of detail to assist and to understand the purpose of the request and to locate the relevant information efficiently.
- Provide background information to the request
- Indicate the period for which the information is sought (e.g., last six months) and the type of information sought.
- Provide a realistic timeframe to provide the information (e.g., negotiating a due date may ensure urgent matters are prioritised).

All exchanges of information between services or organisations will be undertaken by the **BASE DISABILITY** Manager or delegate and via notification in writing. No information will be released without written notification or request prior. Day to day routine or client information and information will be undertaken by **BASE DISABILITY** employees. If a **BASE DISABILITY** employee is unsure, they are to immediately notify the **BASE DISABILITY** Manager or delegate.

If has any doubt regarding the identity of a person orally requesting information on behalf of a person, service, or organisation, then the **BASE DISABILITY** Manager or delegate will undertake the following process:

1. Confirm the person's identity by contacting the person, service, or organisation directly
2. Ask for the request to be put in writing.
3. Never provide any information without appropriate confirmation.

Exchange of Information requests and responses can be in writing via letter or email. Information may also be exchanged orally over the phone or in person. Where information is exchanged orally, **BASE DISABILITY** Manager or delegate will ensure a concise written record of the information exchange is recorded on file.



**BASE DISABILITY** is not obliged to provide any information requested if our organisation reasonably believes this would:

- endanger a person's life or physical safety
- contravene any legal professional or client legal privilege
- prejudice the investigation of any contravention or possible contravention of a law, a coronial inquest or inquiry, or care proceedings
- enable the existence or identity of a confidential information source concerning the enforcement or administration of law to be ascertained
- prejudice the effectiveness of a lawful method or procedure for preventing, detecting, investigating, or dealing with a breach or possible breach of a law
- not be in the public interest
- Identify a person (child or adult) under protection orders.

The **BASE DISABILITY** Manager or delegate will ensure a concise written refusal letter is sent and record of the refusal of information exchange is recorded on file.

### 5.3 Access to Information

All client and relevant parties are able to access their person information held at **BASE DISABILITY**. **BASE DISABILITY** Manager or delegate is to be responsible for receiving the written request from the relevant party and realising their information within 7 business days.

**BASE DISABILITY** is committed to informing our clients and others on how we collect, use, retain and store their private information. This is achieved during Service Intake where every new client is given our Participant Handbook to inform them about their rights to privacy and confidentiality and at other times but not limited to such a house, client meetings. We also educate our clients or other regarding their right to withdraw or change consent at this time as well.

### 5.4 Accessing Information on the MyGov or MyPlace Portal

The Portal is a secure website developed for providers to manage their transactions with the NDIA, and view and manage their services with client whose services are funded through NDIS. **BASE DISABILITY** Manager or delegate the **ONLY** person to ensure individual accounts and portal access arrangements and registration requests

For clients or other requiring assistance with the use of MyGov or MyPlace Portal the **BASE DISABILITY** Manager or delegate the **ONLY** person to ensure individual accounts and portal access are balanced and approved for privacy and security with ensuring the enablement of efficient, effective business practice.



### 5.5 Information Files

All **BASE DISABILITY** employees are responsible for accurate documenting, recording and data management. **BASE DISABILITY** employees are accountable for the correct management of documents, including non-electronic and electronic records, generated in the course of their duties and role. All non-electronic and electronic files are maintained in a secure setting to ensure that access is restricted to specific **BASE DISABILITY** personnel or employees only. This will be achieved using the following but not limited to

- Lockable Storage Cabinets, Transport Bags or Locations
- Employee Only access areas
- Password Protected documents & systems – passwords are change every 3 months
- Encrypted Files & documents
- Clearly labelled “confidential” records

**BASE DISABILITY** operates using numerous types of non-electronic and electronic files for the following but not limited to

- Client Files
- Medication Files
- Employee Files
- Administrative Files
- Accounting & Payroll Files
- Operational & Business Files
- Storage Files
- Archiving File

#### Client Files

A client file has been adopted by **BASE DISABILITY** for each client using **BASE DISABILITY** services and support, which includes specific information to the client and their needs. Client files are accessed by relevant **BASE DISABILITY** employees on a need-to-know basis. All new clients commencing with **BASE DISABILITY** be created an individual file. A Client File Index Form must be the first page in every client’s file and **BASE DISABILITY** employees are required to ensure the checklist has been completed and all relevant documents are located

in the client’s file. All documents and forms must be current and update to date. Please refer to the Assessment, Planning, Review and Referral Procedure.

#### Medication Files

A Medication file has been adopted by **BASE DISABILITY** for each client using **BASE DISABILITY** requiring assistance with medication administration. This file includes specific information to the client and their medication needs. Medication files are accessed by relevant **BASE DISABILITY** employees on a need-to-know basis. All new clients commencing with **BASE DISABILITY** be created an individual medication file. A Medication File Index Form must be the first page in every client’s medication file and **BASE DISABILITY** employees are required to ensure the checklist has been completed and all relevant documents are located in the client’s medication file. All documents and forms must be current and update to date. Please refer to the Assessment, Planning, Review and Referral Procedure.



### Employee Files

An employee file has been adopted by **BASE DISABILITY** for each employee of **BASE DISABILITY**. This file includes forms specific to the employee and their employment. Employee files are accessed by relevant **BASE DISABILITY** employees on a need-to-know basis. All new employee commencing with **BASE DISABILITY** be created an individual file. A Employee File Index Form must be the first page in every employees file and **BASE DISABILITY** employees are required to ensure the checklist has been completed and all relevant documents are located in the employees file. All documents and forms must be current and update to date. Please refer to the Assessment, Planning, Review and Referral Procedure.

### Administrative/Operational Files

Include administrative and policy records that are created, received, or maintained by **BASE DISABILITY** employees in carrying out activities, processes, and transactions. They include policies and procedures; agendas and minutes of committees and teams; interview/selection files, financial transactions; complaints and other administrative files etc.

**BASE DISABILITY** policy and procedure and forms are maintained to ensure their accuracy and availability to **BASE DISABILITY** employees. Reviews occur as required.

### 5.6 Information Storage & Archiving

According to legislative requirements employee files must be retained for a minimum of six (6) years following the employee leaving the organisation. Financial files must be retained for a minimum of seven (7) years. Client files must be retained indefinitely.

Personal information is destroyed/shredded after it is no longer needed or relevant, and/or when the legislative retention period has elapsed. Hardcopy client information is archived and securely stored on site.

All documents up to 12 months old are to be held at their respective location. Only documents older than 12 months will be identified for archiving. Some locations may hold documents for longer than 12 months depending on their respective operational requirements. Documents should be processed for archiving once a year and sent for storage.

**BASE DISABILITY** employees are NOT permitted place to copies of the same information or document into an archive box.

Where possible, when archiving client related documents, you should archive all the documents related to the client together in the same box or boxes. This helps to be able to retrieve the client information from the archived records. All relevant information that is archived must also be scanned and uploaded electronically if relevant prior to it being archived. Below is a list of 2 types of records/documents to be archived:

#### Do Not Destroy Box:

Records Directly related to client or care– for example:

- Communication books
- Rosters



- House Diaries
- Shift reports
- Day Service Attendance Books
- Record of daily medication, Medication charts, Diet and exercise charts
- Restrictive Practice (RP) Shift reports
- General Correspondence, Cards
- Incident Reports
- Client personal expenses records
- Client Financial Hardship Applications

To Be Destroyed' Box: (After 7 years)

- Meeting Minutes
- House Financials records
- Disposal of Medication Forms
- Staff personnel files
- Staff WHS and Rehabilitation files

Do not, or avoid archiving any of the following:

- Empty Manilla Folders, Lever Arch Folders, Plastic Sleeves, or Document Wallets
- Unused dividers
- Empty display books

These should be shredded, or placed in a secure bin for shredding/destruction as soon as possible during the identification process:

- Budgets and wages (there will be electronic copies)
- Time sheets (Payroll archive these)
- Workplace substance register
- Brochures or flyers for any events
- Magazines (unless it includes client information)
- Leaflets (i.e., product information unless it contains client information)
- Blank forms that have not been used (should be either used or destroyed if out of date)
- Newsletters
- User Manual books and warranty cards for electronic items (these should be kept on the premises unless item no longer being used. If no longer in use, dispose of these items).

**BASE DISABILITY** archive boxes most have an attached Archive Content Box List place on the top of the box. The Archive Content List should detail the following

- Name (Client or Location)
- Address
- To & From Dates
- To be Destroyed Date – After 7 years
- List of documents or forms located in the box.





Make sure each box is full before sending it for archiving, (unless you have completed the archiving for your location, and you don't have enough documentation to fill the box).

#### 5.7 Document Control

Please refer to the Quality Management Procedure

#### 5.8 Document Naming Conventions

Please refer to the Quality Management Procedure

#### 5.9 New Document Requests

Please refer to the Quality Management Procedure

#### 6.0 Document Reviews.

Please refer to the Quality Management Procedure

#### 6.1 Data Breach Response

Data Breaches are incidents where personal information **BASE DISABILITY** holds on an individual or protected **BASE DISABILITY** information is subject to unauthorised access, modification, misuse, or disclosure, or is lost. **BASE DISABILITY** is committed to containing, assessing, and responding swiftly to actual or suspected data breaches in a timely and effective manner.

Identification of the data breach or suspected data breach a data breach may be discovered or be alerted to an actual or suspected data breach you must immediately notify **BASE DISABILITY** Manager or delegate and complete an Incident & Hazard Report Form.

The **BASE DISABILITY** Manager or delegate will be responsible for commencing the investigate. Please refer to the Conducting an Investigation Procedure. Before, during and/or after the investigation the **BASE DISABILITY** Manager or delegate may will also be responsible for the following actions

- Consultation other agencies externally to appropriate response to the date breach.
- Stop the unauthorized practice,
- Recover the records
- Shut down/isolate the system that was breached or is suspected to have been breached.
- Change computer access privileges
- Address weaknesses in physical or electronic security.
- Notify relevant parties affected by the breach

**BASE DISABILITY** Manager or delegate is responsible for the review of the breach and prevention of any further breeches to data.