



Privacy Statement of Joint Health Command Health Information of Defence Members

This statement is a notification given for the purposes of Australian Privacy Principle (APP) 5, as set out in the *Privacy Act 1988*.

1. The APP entity's identity and contact details (APP 5.2(a))

The Australian Defence Force (ADF), the three ADF Cadet Organisations and the Department of Defence (collectively referred to in this statement as 'Defence') are together an 'APP entity' for the purposes of the *Privacy Act 1988*.

Joint Health Command is part of this APP entity, and is responsible for the management of all health records that Defence holds about members and candidates for membership of the ADF. (The term 'Defence member' in this statement refers to either a member or a candidate for membership of the ADF.)

The health records that Defence holds about Defence members include medical, dental and psychological records and are collectively referred to in this statement as 'health records'. The word 'records' in this statement includes electronic and paper based documents.

For information relating to privacy of health records about Defence members contact the Office of Commander Joint Health, OCJHLTH@defence.gov.au.

2. The facts and circumstances of collection (APP 5.2(b))

The health records held by Defence about a Defence member will contain personal information that relates to the provision of health care throughout the member's career. This includes but is not limited to:

- personal particulars of the member such as name, rank and employee identification number;
- medications, allergies and adverse reactions;
- immunisation records;
- pathology results;
- hospitalisation records;
- results of health examinations; and
- specialist opinions.

The information is collected from the individual Defence member during consultations, from information provided as above, and occasionally from family members or the member's family doctor or specialist prior to entry.

3. If the collection is required or authorised by law (APP 5.2(c))

The collection by Defence of health information about Defence members is authorised by regulation 58E of the *Defence Force Regulations 1952*.

4. The purposes of collection (APP 5.2(d))

The purposes for which Defence collects health information about Defence members (and, to a certain extent, their family members) are:

- to assess the suitability and/or overall health and fitness of individuals for service in the ADF;
- to manage, diagnose, treat and coordinate care for Defence members on an ongoing basis;
- to provide documentary evidence of the preparedness of an individual, from a health perspective, for military operations;
- for operational and occupational health surveillance;
- for the purpose of the general control and administration of the ADF by government Ministers in the Defence portfolio, in accordance with section 8 of the *Defence Act 1903*;
- to assist in the management of claims relating to repatriation, compensation, invalidity or other matters arising from service in the ADF;
- for clinical quality improvement activities, such as the collection of de-identified data from Defence health facilities for Key Performance Indicators (KPIs) and generation of population level statistics;
- for use in assessing, investigating, resolving and responding to complaints and clinical incidents (including those brought to the attention of Joint Health Command by external bodies such as the Australian Health Practitioner Regulation Agency, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner) and in recording the actions taken;
- to assist Defence in developing enlistment and serving standards and to ensure that they meet ADF requirements; and
- for the purposes of health research, subject to ethics approval of the research by the Australian Defence Human Research Ethics Committee or, in the case of low-risk research, by a subordinate panel.

5. The main consequences for the individual if personal information is not collected (APP 5.2(e))

If Defence does not collect health information about Defence members, it may not be able to properly assess their fitness for employment and deployment, provide them with appropriate health care, or meet the requirements of regulation 58E of the *Defence Force Regulation 1952*.

The consequences for an individual Defence member may be that the member does not receive appropriate health care or the member's health status and needs are not properly taken into account in employment- and deployment-related decisions.

6. Other APP entities, bodies or persons to which the information is usually disclosed (APP 5.2(f))

Defence uses and discloses health information that it holds about Defence members only in accordance with APP 6, as set out in the *Privacy Act 1988*.

The use and disclosure of such information may also be restricted by duties of confidence owed to the members (for example, because the information was generated in the context of a doctor-patient relationship).

The health records that Defence holds about Defence members are accessed by those personnel authorised to use information contained in the records in the provision of health care to the members. This authorisation extends to health personnel and support staff employed by Defence, as well as health service providers contracted by Defence (including sub-contractors).

Health information about a Defence member is routinely shared within the team that is providing the member's health care. This may include specialists to whom the member has been referred for treatment.

A Defence member is generally entitled to have access to the health records that Defence holds about him or her in accordance with the *Privacy Act 1988*, including for the purpose of correcting any information that is inaccurate, out-of-date, incomplete, irrelevant or misleading. Defence members can gain access to these records by contacting their local health facility.

The chain of command within Defence is only provided with health information about a Defence member that the chain of command needs to know (unless the member consents to the provision of other information).

This includes information that is needed in order to employ the Defence member safely, such as employment restrictions which detail the activities that the member can or cannot perform, recommendations for medical absence, an indication of how long the member will be absent or on restricted duties, and whether a formal rehabilitation program is being planned.

Information about Defence members' overall fitness for employment and deployment is communicated to the chain of command and career managers within Defence through the Medical Employment Classification (MEC) system. They are provided with the member's MEC and any relevant employment restrictions.

Health information about Defence members may also be used by Defence, and disclosed to a person or body outside of Defence, including a contractor or sub-contractor, that provides health services for Defence, in order to assess, investigate, resolve and respond to complaints and clinical incidents.

This includes complaints and clinical incidents brought to the attention of Joint Health Command by external bodies such as the Australian Health Practitioner Regulation Agency (AHPRA), the Commonwealth Ombudsman or the Office of the Australian Information Commissioner.

If a Defence member's health records need to be used or disclosed in addressing a complaint or clinical incident, the member will usually be asked to consent to the use or disclosure.

Defence may occasionally need to disclose health information about a Defence member to another person or entity. This may include, for example:

- disclosure to a government Minister in the Defence portfolio, for the purpose of the general control and administration of the ADF, in accordance with section 8 of the *Defence Act 1903*;
- disclosure of information about certain infectious diseases to public health authorities of the States and Territories, in accordance with State and Territory legislation;
- disclosure to police or other law enforcement bodies in connection with criminal investigations;
- disclosure in response to compulsive court processes such as subpoenas; and
- disclosure to AHPRA or another body responsible for regulating health practitioners.

7. The APP entity's APP Privacy Policy (APP 5.2(g) and (h))

The [Defence Privacy Policy](#) contains information about how a Defence member may seek access to health information that Defence holds about him or her, and the correction of such information.

The [Defence Privacy Policy](#) also contains information about how a Defence member may complain about a breach of the APPs by Defence, and how Defence will deal with the complaint.

Further information about how Defence treats health information about Defence members is available in the following publications:

- Defence Instruction (General) Personnel 16–20—*Privacy of Health Information in Defence*;
- Health Directive 604—*Use and Disclosure of Health Information by Defence Health Personnel*;
- Health Directive 605—*Provision of Personal Health Information on Australian Defence Force Casualties*;

- Health Directive 61—*Privacy of Health Information of Defence Members and Defence Candidates*; and
- Health Directive 914—*Management of Health Care Related Complaints in the Australian Defence Force*.

Further information can also be obtained by contacting the Defence Privacy Officer via email at defence.privacy@defence.gov.au.

8. Cross-border disclosure (APP 5.2(i) and (j))

Health information about Defence members may be disclosed to persons or bodies outside of Defence that provide health services for Defence in other countries where the members are deployed, posted or evacuated.