



## Record Management Policy

### Introduction

At Launnie Care Services, we are committed to providing person-centered care that respects the unique needs, preferences, and values of each participant. Our approach focuses on empowering individuals to make informed decisions about their care and support, while promoting dignity, autonomy, and independence. This policy outlines our dedication to person-centered care and the principles that guide our interactions with participants.

### Purpose

The purpose of a Record Management Policy for NDIS providers is to ensure the accurate, secure, and confidential collection, use, and storage of participant data, while also demonstrating compliance with NDIS regulations and participant rights. This policy outlines our procedures for the collection, use, storage, and disposal of participant data in accordance with the NDIS Act, the Privacy Act 1988, and other relevant legislation.

### Scope

This policy applies to all employees, contractors, volunteers, and affiliates of Launnie Care Services involved in the provision of care and support to participants. It encompasses all aspects of care delivery, including but not limited to personal care, medical assistance, social activities, and emotional support.

### Definitions

1. **Personal Information:** Under the NDIS Act, personal information includes any information that can be used to identify an individual, such as:
  - **Identifiers:** Names, addresses, dates of birth, phone numbers, email addresses, NDIS numbers.
  - **Sensitive Information:** Health information, disability information, financial information, religious or philosophical beliefs, sexual orientation, political opinions.
  - **Biometric Information:** Photographs, fingerprints, DNA.



## Key Principles

This policy aligns with the NDIS Practice Standards, which emphasise participant rights, including:

1. **Privacy and Confidentiality:** Participants have the right to have their personal information handled confidentially and securely.
2. **Choice and Control:** Participants have the right to make informed choices about how their personal information is collected, used, and disclosed.
3. **Respect and Dignity:** Participants have the right to be treated with respect and dignity in all interactions, including those relating to the handling of their personal information.
4. **Safety and Wellbeing:** Measures will be implemented to ensure the safety and wellbeing of participants.

## Responsibilities

### All Staff and Employees

- Collect, use, and disclose participant information only as authorised.
- Ensure the accuracy, completeness, and up-to-date nature of all participant records.
- Maintain confidentiality of all participant information at all times.
- Comply with all relevant privacy and data security requirements.
- Report any suspected breaches of data security to their supervisor or the relevant manager.

### Management and Supervisors

- Implement and maintain robust data security measures.
- Provide staff with training on privacy and data security obligations.
- Regularly review and update this policy to ensure it remains current and effective.
- Investigate and address any data breaches promptly and effectively.
- Ensure compliance with all relevant legislation and industry best practices.



## Implementation

### 1. Data Collection:

- Collect only the minimum amount of personal information necessary for the provision of support services.
- Obtain informed consent from participants before collecting any personal information.
- Ensure that all personal information is collected lawfully and fairly.
- **Data Storage:**
  - Store all participant information securely in accordance with relevant legislation and industry best practices.
  - Utilize secure electronic systems and physical storage facilities.
  - Implement access controls to restrict access to participant information to authorised personnel only.
  - Regularly back up all electronic data to ensure data integrity and availability.
- **Data Use:**
  - Use participant information only for the purposes for which it was collected.
  - Ensure that all uses of participant information are lawful and ethical.
  - Obtain appropriate consent before disclosing any participant information to third parties.
- **Data Disclosure:**
  - Only disclose participant information to authorised individuals or organisations as required or permitted by law.
  - Ensure that any third parties who receive participant information have appropriate security measures in place.
- **Data Disposal:**
  - Dispose of all participant information securely and in accordance with relevant legislation.
  - Implement secure data destruction methods, such as shredding paper documents and securely deleting electronic files.



## Compliance and Accountability

- **Compliance with Legislation:**
  - Ensure compliance with all relevant legislation, including the NDIS Act, the Privacy Act 1988, and the Health Records Act (if applicable).
  - Respond promptly to any requests for access to or correction of personal information.
  - Investigate and address any data breaches promptly and effectively, including notifying the relevant authorities as required.
- **Auditing:**
  - Conduct regular audits of data security practices to identify and address any potential risks.
  - Review and update security measures as needed.
- **Accountability:**
  - Be accountable for the security and confidentiality of all participant information.
  - Address any concerns or complaints regarding the handling of participant information promptly and fairly.

This policy will be reviewed annually or as required to ensure its continued relevance and effectiveness.

## Conclusion

At Launnie Care Services, person-centered care is at the heart of everything we do. We are committed to empowering participants, honoring their choices, and promoting their well-being through individualized care and support. By embracing the principles outlined in this policy, we uphold our commitment to excellence and ensure that each participant receives the compassionate and personalized care they deserve.

For any questions or further clarification on this Record Management Policy, please contact your supervisor or the Quality Assurance Manager.

## Acknowledgement

I, \_\_\_\_\_, have read, understood, and agree to abide by the Launnie Care Services Record Management Policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## APPENDIX – I

This Appendix details Launnie Care Services measures that will be followed by all staff to be prepared for Managing Records.

- **Storage of Data on Secure Servers**

- LCS Laptops/Devices: These are new purchases; password protected and have an in-built active anti-virus system. They do not need to be backed up as all documents are stored straight away on a cloud platform that LCS has subscription for.
- Staff Phones: Staff use their phones to access the LCS website to document shift notes, incidents, concerns and for HR purposes – time sheet, leave etc. The LCS website is secure and additionally staff are given access to information that is needed to help them do their jobs. Not all client information is shared. Staff only see a client’s diet chart, medications and behaviour strategies – which are all needed to effectively support a participant.

Additionally, staff sign a ‘Do Not Disclose + Confidentiality’ clause in their employment contract when they begin with LCS.

- Long Term Storage of Client Files: LCS uses the digital platforms Monday.com, JotForms integrated through the LCS website to store all staff and participant information.

- **Disclosure of Personal Information:**

- Required Disclosures: In some circumstances, the disclosure of personal information is required by law, such as:
  - To comply with a court order or subpoena.
  - To prevent or lessen a serious and imminent threat to the life or health of an individual.
  - To comply with a law enforcement agency request.
  - To comply with a request from the NDIA for audit or compliance purposes.
  - To staff who are directly working with the participant to ensure proper support.
- Consent: Generally, consent must be obtained from the individual before their personal information is collected, used, or disclosed.




- **Storage and Access:**
  - Participant Data: Participant data is stored securely in accordance with this policy and relevant legislation. Access to participant data is restricted to authorised personnel on a need-to-know basis.
  - Staff Data: Staff data, such as employment records and contact information, are stored securely and in accordance with relevant privacy legislation. Access to staff data is restricted to authorised personnel only.
- **LCS Use of Social Media:**
  - LCS uses social media platforms (e.g., Facebook, Instagram, LinkedIn) for communication and marketing purposes.
  - When using social media, LCS takes greatest care to comply with all relevant privacy and data protection laws.
  - LCS team is mindful of the privacy and confidentiality of all individuals mentioned or depicted in any social media posts.
- **Agreement to Take Pictures and Share on Social Media:**
  - If LCS intends to take photographs or videos of participants for use on social media, we obtain explicit written consent from the participant or their legal guardian.
  - No personal information about participants is shared on social media without their explicit consent. At the time of intake, all participants are asked for Media consent. Those participants who do not give their consent are not photographed or their participation in events are not shared on social media platforms.
  - Participants will have the right to withdraw their consent at any time.



## APPENDIX – II

Here is a link and snapshot of LCS Participant Consent Form

Link: [Consent Form](#)



### Consent Form

Launnie Care Services

By completing and signing this form you give the Launnie Care Services permission to share your information on your behalf. The information we will share will depend on the permission you give us on this form.

**Part A: Participant details**

If you are not the participant and you are a participant's representative, plan nominee or legally appointed decision maker [Public guardian], please complete this section about the participant you are representing.

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**Name of the Participant**

<input type="text"/>	<input type="text"/>
<small>First Name</small>	<small>Last Name</small>

**Date of Birth**                      **NDIS Number**

<input type="text" value="MM-DD-YYYY"/>	<input type="text"/>
<small>Date</small>	

**Address of Participant:**

<input type="text"/>	
<small>Street Address</small>	
<input type="text"/>	
<small>Street Address Line 2</small>	
<input type="text"/>	<input type="text"/>
<small>City</small>	<small>State / Province</small>
<input type="text"/>	
<small>Postal / Zip Code</small>	

**Email**                                      **Phone Number**

<input type="text" value="example@example.com"/>	<input type="text" value="(000) 000-0000"/>
<small>example@example.com</small>	<small>Please enter a valid phone number.</small>



**Part B: Participant representative, plan nominee, legally appointed decision maker details:**

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If you are completing this form on behalf of a participant:

- Participant Representative
- Parent
- For whom you are a legally appointed decision maker (for example, a guardian).

The Launnie Care Services may ask you to provide confirmation that you are authorised to represent the participant and to verify your identity.

Please indicate your relationship to the participant

- Participant
- Parent
- Participant's representative
- Legally appointed decision maker [Public Guardian]

Name of the person who is filling this form

First Name

Last Name

Email of the person filling this form

example@example.com

Phone Number of the person filling this form

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code





### Part C: Third party details and consent

**Consent:**

- I consent to the Launnie Care services giving information about me (or the participant I am representing who is identified in Part A of this form), to the following people and/or organisations.

**Name of third party**

First Name

Last Name

**Organisation Name**

**Please mark the relevant boxes below to indicate the information you give consent to obtain and share with this person and/or organisation**

**My personal information**

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email and phone number
- Details about my Carers
- Details about my Informal supports
- Details about my Service providers
- Click photographs
- Use photographs over social media
- Others

**I give consent for Launnie Care Services to make contact with:**

- Emergency
- Medical Specialist
- Support Coordinator
- Plan Manager
- General Practitioner (GP)
- Specified Family (If required)
- others

**Any other information - If so, please specify what this information is below:**



## Part D: Your declaration

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By signing this consent form (please mark each box below):

- I understand I can obtain further information about how the Launnie Care Services handles my personal information from the Privacy Notice or Privacy Policy on the Launnie Care website.
- I understand I have given the Launnie Care Services consent to give information about me to the third party or parties I have listed at Part C on this form so they can take the identified action/s on my behalf.
- I understand I can withdraw or change my consent to share information and/or my permission for a third party to act on my behalf at any time.

Name of the person completed this form

Date

First Name

Last Name

Date

Signature

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If you are not the participant, please mark the relevant box below to indicate your relationship to the participant

- Participant
- Parent
- Participant's representative
- Legally appointed decision maker (e.g. Public Guardian)
- Other



## Part E: Your delegate's declaration

Please note: This section is only to be completed if you, the participant, is unable to sign this form in Part D. Instead, your chosen 'delegate' must be aged 18 and over and can sign in the presence of a witness.

Witness certification (please mark each box below):

- I certify this document was signed by the delegate in the presence of the person providing consent
- I certify that consent was provided freely and voluntarily
- I certify that the person providing consent has decision making capacity in relation to the provision of consent provided.

Name

First Name

Last Name

Date

Date

Signature

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## Privacy and your personal information

### Personal information use and disclosure

The Launnie Care services will use your information to support your involvement in the NDIS.

The Launnie care services will NOT use any of your personal information for any other purpose, or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

Launnie Care Services follows the NDIA's privacy policy, which outlines the following:

- How your personal information is used.
- The circumstances under which some personal information may be shared with other organisations.
- How you can access the personal information we hold about you.
- How to correct any incorrect personal information.
- The full privacy policy can be accessed on the NDIS website ([ndis.gov.au/privacy](https://www.ndis.gov.au/privacy)).

### Personal Information Storage

The Launnie care services stores personal information on Launnie care services computer system. While users of the system, other than Launnie Care services staff, may occasionally view your name in the course of performing their duties, they are not permitted to record, use, or disclose this information. State or territory government officials may also access personal information as part of agreements between governments to support NDIS evaluations.

Submit