

## The Health Privacy Principles (HPPs) Explained for members of the public

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Health Records and Information Privacy Act (HRIP Act) 2002  
Privacy NSW Fact Sheet - No 5 January 2004

The 15 Health Privacy Principles (HPPs) are the key to the Health Records and Information Privacy Act (HRIP Act). They are legal obligations describing what organisations (NSW public and private sector) must do when they collect, hold, use and disclose your health information.

However, in some cases, organisations do not have to follow one or more of the HPPs. For more information about exemptions, contact the Privacy Contact Officer in the organisation or Privacy NSW.

#### Collection

- 1. Lawful** – when an organisation collects your health information, the information must be collected for a lawful purpose. It must also be directly related to the organisation's activities and necessary for that purpose.
- 2. Relevant** – the organisation must ensure that your health information is relevant, accurate, up to date and not excessive. The collection should not unreasonably intrude into your personal affairs.
- 3. Direct** – your health information must be collected directly from you, unless it is unreasonable or impracticable for the organisation to do so.
- 4. Open** – you must be told why your health information is being collected, what will be done with it, and who else might see it. You must also be told how you can see and correct your health information, and any consequences if you decide not to provide it.  
Even if an organisation collects health information about you from someone else, they must still take reasonable steps to ensure that you are aware of the above points.

#### Storage

- 5. Secure** – your health information must be stored securely, not kept any longer than necessary, and disposed of appropriately. It should be protected from unauthorised access, use or disclosure.

#### Access & Accuracy

- 6. Transparent** – the organisation must provide you with details about what health information they are storing about you, why they are storing it and what rights you have to access it.
- 7. Accessible** – the organisation must allow you to access your health information without unreasonable delay or expense.
- 8. Correct** – the organisation must allow you to update, correct or amend your health information where necessary.
- 9. Accurate** – the organisation must make sure that your health information is relevant and accurate before using it.

#### Use

- 10. Limited** – the organisation can only use your health information for the purpose for which it was collected, or a directly related purpose that you would expect. Otherwise they can only use it with your consent (unless one of the exemptions in HPP 10 applies).

#### Disclosure

- 11. Limited** – the organisation can only disclose your health information for the purpose for which it was collected, or a directly related purpose that you would expect. Otherwise they can only disclose it with your consent (unless one of the exemptions in HPP 11 applies).

#### Identifiers & Anonymity

- 12. Not identified** – an organisation can only give you an identification number if it is reasonably necessary to carry out their functions efficiently.
- 13. Anonymous** – you are entitled to receive health services anonymously, where this is lawful and practicable.

#### Transferrals & Linkage

- 14. Controlled** – your health information can only be transferred outside New South Wales in accordance with HPP 14.
- 15. Authorised** – your health information can only be included in a system to link health records across more than one organisation if you expressly consent to this.

The material in this Fact Sheet is intended only to inform. It has been simplified and should not be relied on as legal advice. If in doubt, please contact Privacy NSW on (02) 92 28 8585 or write to [privacy\\_nsw@agd.nsw.gov.au](mailto:privacy_nsw@agd.nsw.gov.au) for more information.

Privacy NSW accepts no liability for loss or damage that may be suffered by any person or entity that relies on information in this Fact Sheet.

For further information go to the NSW Privacy Website [www.lawlink.nsw.gov.au/privacynsw](http://www.lawlink.nsw.gov.au/privacynsw)

### It's Flu Season Again...!

This means if you are over 65 years of age you are now eligible for the free **influenza vaccine**. People aged 65 years and older are at higher risk from influenza and its complications. The influenza vaccine is an important way to help protect you from catching influenza.

The best time to be vaccinated against influenza is in autumn, before the influenza outbreaks in winter.

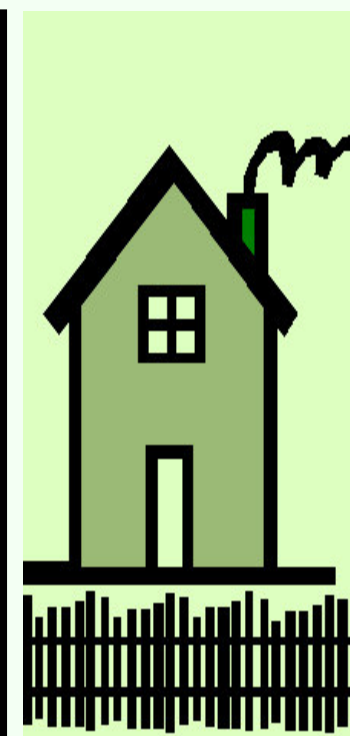
An annual vaccination is recommended as the influenza virus changes all the time and the vaccine is changed to match the current circulating virus. The vaccine will provide about 70% protection against infection for about one year. Annual vaccination is necessary to provide continuing protection against the most recent influenza virus.

If you are over 65 years of age you are also eligible for the free **pneumococcal vaccine**. This vaccine helps protect against pneumococcal disease which comprises of a range of infections and can be life-threatening. People over the age of 65 years are at higher risk of contracting pneumococcal disease than the rest of the population.

You will need one dose of the pneumococcal vaccine on or near 65 years of age, and then a single booster dose 5 years later.

**Why not make an appointment today to see your doctor for your free flu and pneumococcal vaccines.**

# House



Newsletter of the Community  
Consultative Committee of  
the IDGP

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# Call

## Depression (Part 1)

Depression is one of the most important medical and social issues in Australia today. This was highlighted recently when the premier of WA resigned in January this year because of depression. It is one of the largest sources of medical disability in Australia and it's growing, with up to 15% of the population being affected at any point in time. Over 2500 people commit suicide in Australia every year and the number of young men taking their own lives has trebled in the last 30 years.

In most cases the depression can be treated very effectively, but currently less than a third of cases are being accurately diagnosed and treated.

### Taming the Black Dog

This is a self help book by Bev Aisbett published by Harper Collins, as a guide to overcoming depression. It will be used as the basis of three articles in House Call this year and is warmly commended to those with depression and to those close to someone who have it.

Winston Churchill, Britain's wartime leader, suffered from depression most of his life and named his depression "Black Dog." This is the source of the name of the book.



IDGP Community  
Committee

The Illawarra Division of General Practice (IDGP) is an organisation which supports and represents General Practitioners. It was developed to provide opportunities for GPs to work with their local colleagues, consumers and other health or community services. It aims to achieve wider health improvements in the community.

**Please copy and circulate this newsletter. Thank you.**

## Editorial

Well, another exciting issue of House Call. Again there are many items of interest, including: how to read food labels, a new series of articles on depression, some information about Dementia and information about privacy and your health.

I hope that you will find these articles helpful and I would urge anyone who has any items of interest they would like to see published, please contact the IDGP or myself.

This newsletter is the forum where you can have printed items of general health and medicine that will benefit our reading public.

Your Editor  
Edger du Bois

### 1) When depression becomes a problem

Most of us feel depressed from time to time, but usually it is temporary, associated with life events, and lifts once life returns to normal. Depression can be a problem, however, if symptoms persist or become severe. The aim of the book is to enable people to become the master of the black dog, rather than its victim.

### 2) The symptoms of depression

It is very painful living with depression. Symptoms can include a loss of hope or joy in life, lack of energy and motivation, a sense of failure, low self-esteem, withdrawal and a disinterest in life. One way of summing it up is feeling unloved, unlovable and unloving.

Depression can be linked to a change in life, especially a loss (of relationship, health, job etc), but can occur with no apparent link, where it is called endogenous depression.

### 3) The impact of depression

A sense of hopelessness and withdrawal can affect all areas of life, but especially relationships. With less energy and motivation, reaching out to others, seeking help and explaining things can be difficult. This can lead people to feel rejected and set up a negative spiral.

Recovery can only begin by reaching out, by talking it out and asking for help. Others can encourage the depressed person to open up, to get active and provide a safe and non-judgmental space for the sufferer. It is not helpful to be the rescuer and continually look after the depressed person because this reinforces their dependence and hinders recovery.

When the problem is seen as one that requires a team effort, with encouragement and hope from others, and honesty and hard work from the sufferer, progress can often be made.

**Les Miller**  
**General Practitioner**

## Dementia Education

### The Carers Experience

By Nola Gardner  
Carer Representative

My caring role began when Harry and I decided that we should look into his deteriorating memory. Our GP confirmed this was happening so we knew it was not just our imagination.

For several years life continued as usual although my responsibilities increased in decision making and coordinating our activities etc. Finally we came to the attention of the ACAT Services. They advised us of a program that was due to commence at Carunya: 'Living With Memory Loss', an eight week program which provided information for both the carer and client as to what was happening and what was likely to happen as this disease took over our lives.

Surprisingly it was a positive experience to know what was happening and how common it was in the community. It was also a great support to meet others struggling to come to terms with the same situation as ourselves and to exchange insights and developments that were taking place.

Harry became a wanderer and needed constant supervision. Afternoons became particularly stressful. As time went by we needed nursing help; respite care (so I could do shopping etc) and dementia specific day care. Eventually came the time that Harry needed constant care. Sleep deprivation was a contributing factor from my experience. He settled into a nursing home which had a special unit for dementia patients. This proved very satisfactory. He was a resident there for twelve months. Finally he had a fall and struck his head and died from a cerebral haemorrhage.

Dementia is a terribly sad and demanding illness and there is a great need for more accommodation and sensitive caring.

### What is Dementia?

By Patricia Noferi  
NESB Consumer Representative

Dementia is a disease of the brain which effects thinking by causing progressive loss of memory, a decline in language ability, intellectual decline and change in personality. It has a clinical course of three to twenty years with the average life expectancy being seven to ten years after onset.

The two most common dementias are Alzheimer's disease and vascular dementia. Alzheimer's disease accounts for over 66% of cognitive deterioration in patients 65 years and over. Vascular dementia is caused by insufficient oxygen reaching parts of the brain. The onset is often sudden, following a transient ischemic attack (TIA) or a stroke. Risk factors are diabetes, genetic factors, obesity, high cholesterol, smoking, alcohol and inactivity.

There are many less common forms of dementia including those related to Parkinson's disease, Pick's disease, Huntington's disease, Creutzfeldt-Jacob disease and alcohol and AIDS related dementias.

### Statistics

The average rate of moderate to severe dementia among Australians is about 1 in 15 among those aged 65+. Among people aged 80 - 84 the rate is one in nine, and among those aged 85+ it is one in four.

### Dementia Warning Signs

- Recent memory loss that affects job skills and social function
- Difficulty with familiar tasks
- Problems with language
- Disorientation in time and place, people with dementia can become lost in their own street
- Poor judgement eg. decline in driving skills
- Difficulties with abstract thinking eg. inability to balance the cheque book
- Fluctuating mood swings, changes in personality, loss of initiative
- Misplacing things

(Adapted from [www.alzheimers.org.au](http://www.alzheimers.org.au))

It is often relatives who first become aware of many of these changes and encourage the person to seek help from the family doctor. Once a diagnosis is made medication may be useful in the early stages of the disease to help slow the immediate decline. Early diagnosis also enables planning for financial needs and future care to be undertaken with input from the person who has been diagnosed with dementia.

Support which is available in the community includes:

- Illawarra Aged Care and Community Team (ACAT) provide assessment and referral to services that are appropriate to help older people maintain their independence and quality of life for as long as possible;
- Day therapy and day respite;
- Carer support;
- Illawarra Dementia Support Team (DST) provide education in management strategies.

People from multicultural backgrounds have added burdens because the person with dementia eventually loses their acquired language skills before the loss of their mother tongue. Carers may also have problems in understanding the disease, in accessing services and acquiring management strategies.

Meaningful activity is one of the strategies used for managing the behaviour of a person who has dementia. A diversional therapist engages clients in activities which they can manage and enjoy. Pleasurable activity and companionship provides socialisation and often distracts clients from repetitive actions and challenging behaviours. It calms their distress and affirms their dignity. Carers also benefit from day respite by having a break from their very demanding role as carers.

### Some of the local support services which are available in the community.

Aged and Community Assessment Team (ACAT),  
Ph: 4223 8282

Carunya, Dementia Day Therapy Centre & Carer Support Service, Ph: 4297 1011 or 4297 1082

IECC Multicultural Dementia Day Respite Service & Carer Support, Ph: 4276 4364

Illawarra Dementia Support Team (DST), Ph: 1300 731 334

Multicultural Health Service, Ph: 4274 6233

Wollongong City Council Dementia Respite Services,  
Ph: 4227 7464

Alzheimer's Association Helpline, Ph: 1800 639 331

## Label Reading - The Challenge Continues...

The low fat craze is finally starting to die down on the marketing front. Consumers are starting to realize that when something says it is "low fat" it does not always mean that it is the best choice.

The principles behind a low fat diet are great. The less fat you have in your diet, the easier it is to manage or lose your weight. And fat is in most things you eat, whether you are aware of it or not.

But what happens to the taste of food when you take fat away?... Take fat out of bought biscuits for example.... they wouldn't taste as good... so you wouldn't buy them. So, how can manufacturers sell a biscuit that doesn't taste nice? They don't. They replace the fat flavour with something else.... and most of the time they put in excessive amounts of unhealthy, simple sugars...

The consumer, YOU, ends up no better off in health, whether you buy the full fat regular biscuit or the low fat version of that food. You either get a fat hit or a simple sugar hit, and some make up for the taste factor by eating more of a low fat product, which is even worse!

For products that claim to be low fat and do not replace the fat with anything else, like your skim milk, low fat cheese, trim/lean meat cuts; you are getting what you hope to get most of the time.

BUT how do you know?? The label can tell you everything you need to know, but sifting through all the jargon can be tricky. Over the next few articles I will teach you what to look for. Lets start today by going straight to the **list of ingredients**.

The list of ingredients is listed in descending order of weight i.e. the ingredients they have used the most of are the first 2 - 3 ingredients on the list. So, if there is a type of fat or simple sugar in the top 2 or 3 ingredients, it means that that is a main ingredient and may not make for a very healthy food. Here are some names of fat and sugar to look out for in the ingredients list (they try to trick you!)

**Fat:** vegetable fat/oil, animal fat, copha, coconut oil, palm oil, shortening, margarine, butter, creamed, toasted, milk solids, oven fried/baked, chocolate, monoglycerides, diglycerides, cream, mayonnaise, sour cream, nuts.

**Sugar:** raw sugar, brown sugar, honey, corn syrup, malt, golden syrup, glucose, disaccharides, monosaccharides, fructose, sucrose, lactose, maltose, dextrose, molasses, mannitol, sorbitol, xylitol, mannitol.

So await your next House Call for more information on how to beat the label reading challenge!

Tanya Wigg  
Dietitian MND APD  
[www.nutritionbites.com.au](http://www.nutritionbites.com.au)



## Depression Forum a Success

Over 80 people recently attended the IDGP's Community Committee's Forum on "Depression: don't let it get you down". The community forum was a great success, bringing together members of the public and health professionals to talk about depression, which effects so many of us either directly or indirectly.

With depression currently the leading cause of non-fatal disability in Australia and with fewer than 50% of affected people receiving medical care (according to the Department of Health and Ageing), the forum's aim was to raise awareness of the impact that depression has in our community, to allow people to freely discuss the issue as it effects their lives, to present practical treatments and coping strategies and to highlight the support and services that are available for people who are suffering from depression and their families and carers.



Grahame Gould from Lifeline provided an informative overview of the

impact, causes and symptoms of depression. Three local community members gave us their powerful and challenging stories of their journey through depression and Claire McLeod, clinical psychologist and Dr Elizabeth Magassy, local GP, provided practical information about treatments, strategies and coping skills.

Erica Hodge from i98fm did a fantastic job as MC for the forum.

## Carers of people with a disability...

Are you unsure about communicating reproductive and sexual health information? The Illawarra branch of Family Planning NSW's *Disability Resource Collection* may be able to help.

The collection includes pictures, videos, low literacy information and anatomically correct dolls. All aspects of reproductive and sexual health are covered including menopause, puberty, menstruation, masturbation, and sexually transmitted infections.

All resources in the collection are available for loan - no charge.

Contact Tracy Spark on 4225 3574 or email [tracys@fpahealth.org.au](mailto:tracys@fpahealth.org.au) for a free catalogue.

