

## INFORMATION ACCESS GUIDELINES

### Purpose

The privacy and consent principles underlying the Electronic Service Coordination System (ESCS) are that the information necessary to provide the most appropriate health/community services may only be accessed (with consumer consent) in order to provide the:

- Right information
- To the right people
- For the right reason
- In the right way
- At the right time.

### Information Access Levels

To facilitate service coordination while safeguarding privacy consumers are asked (for a given referral) to give consent for access to information at one of the following levels:

Information Access Level	Information Accessible to Direct Referral Recipient	Information Accessible to Other Providers (with consumer consent)	Service Coordination Levels
Standard	All referral information sent directly to service	All information and attachments can be accessed by practitioners subject to consumer consent	High
Limited	All referral information sent directly to service	The consumer identification, sending and receiving services, the sending practitioner, the referral date/time, the current status, service start and end dates and the most recent feedback or outcome.	Medium
Sender/ Receiver only	All referral information sent directly to service	The referral is only visible to sender and receiver and other parties cannot see that a referral has been made	Extremely Limited

## Information Access Level Setting and Consent Procedures

1. To make a referral using the Electronic Service Coordination System (ESCS), agencies must obtain consent to do so from consumers. This consent is to be recorded on the Consumer Consent to Share Information form, the document used for general referral consents. This form should be completed in the usual manner including providing privacy information but consents relating to use of ESCS must also be recorded on this form as outlined below.
2. Practitioners should ascertain the appropriate Information Access Level using the bold text laid down on the Consumer Privacy and Consent Information Sheet. A copy of that sheet should be given to the consumer/care/interested person if requested. If the consumer/carer requests further information or if the practitioner believes it should be provided, explain fully the 'Limited' and 'Sender/receiver only' levels. The Privacy and Consent Information Booklet contains the necessary detailed information. Note that selecting the Information Access Level is the prerogative of the consumer.
3. Consent to use ESCS to make the referral and access the system must be obtained. Verification that this has been done should be recorded by entering 'ESCS' into the third column of Section 1 of the Consumer Consent to Share Information form.
4. In addition, the Information Access Level selected by the consumer for a particular referral must be entered in this column i.e. Standard, Limited or Sender/receiver only.
5. The entry in the third column might therefore be: ESCS – Standard. Any other limitations on the use of ESCS should also be recorded at that point.
6. A Consumer Consent to Share Information form remains current and valid for a single episode of care constituting the primary purpose for which information was collected or a directly related secondary purpose the person would reasonably expect.
7. If it is decided that a referral is necessary subsequent to completion of the initial Consumer Consent to Share Information, practitioners should review the contents of that form and, if the situation is already covered, proceed with the referral in accordance with the stated wishes of the consumer.
8. If an existing, current Consumer Consent to Share Information form does not cover the referral in question, a new form must be completed. Again, the practitioner will record the decision by the consumer on general use of ESCS and Information Access Levels.
9. Note that when a practitioner checks a consent box in ESCS, this constitutes permanently recorded confirmation that the practitioner has taken the necessary steps to obtain consumer consent (written, verbal or given by an authorised person on behalf of the consumer).
10. A hard copy of all Consumer Consent to Share Information forms should be retained by the sending agency and a copy must be given to the consumer if requested.