



Maddocks

Lawyers
Level 1
40 Macquarie Street
Barton ACT 2600 Australia

Telephone 61 2 6120 4800
Facsimile 61 2 6230 1479

info@maddocks.com.au
www.maddocks.com.au



Department of Health

PHASE 2A OF THE COVID-19 VACCINE STRATEGY

Update 2 to the COVID-19 Vaccine Strategy implementation Privacy Impact Assessment

Report finalised on 31 August 2022

This report has been prepared for the Department of Health. No other reader should rely on the material contained in this document without seeking legal advice.

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Part A INTRODUCTION

1. Overview

- 1.1 Maddocks was engaged by the Commonwealth Department of Health (**Health**) early in the process of the implementation of the COVID-19 Vaccine and Treatment Strategy and the COVID-19 Vaccine National Roll-out Strategy (together, the **Vaccine Strategy**)¹. In February 2021, we completed a privacy impact assessment (**PIA**) in relation to Phase 1a of the implementation of the Vaccine Strategy (**Original PIA**).² In March 2021, we completed an updated privacy impact assessment process, to examine the privacy impacts associated with the implementation of Phase 1b of the Vaccine Strategy (**Phase 1b Update PIA**).³
- 1.2 Consistent with **Recommendation 1** of the Original PIA and **Recommendation 1** of the Phase 1b Update PIA (which recommended that Health continue to take a 'privacy by design' approach as the implementation of the Vaccine Strategy progresses, including for future Phases), we were subsequently engaged by Health to undertake an updated privacy impact assessment process, to examine the privacy impacts associated with the implementation of Phase 2a of the Vaccine Strategy (**Phase 2a Update PIA**).
- 1.3 Phase 2a involved a broader roll-out of the COVID-19 vaccines to additional populations of Australia, and the implementation of some additional ICT and other processes to facilitate this phase. The Phase 2a roll-out involved simultaneous policy and system design and development for the different elements involved in Phase 2a, with some overlap in the timeframes for implementation of those elements. In order to facilitate a 'privacy-by-design' approach being adopted by Health, where our recommendations could be made and then considered by Health in a timely manner to inform the privacy risks and impacts associated with design and build of the different elements, we used a methodology for the Phase 2a Update PIA akin to the 'agile' methodology commonly used in ICT contracting matters.
- 1.4 In accordance with this methodology, we undertook various 'sprints' over the course of our involvement, which considered the point-in-time intentions and plans for the following key changes involved as part of the Phase 2a roll-out:
 - 1.4.1 the ability for community pharmacies (**CPs**) to administer COVID-19 vaccines;
 - 1.4.2 people aged under 18 years old becoming eligible to use the Commonwealth-procured Booking Platform (**BP**);
 - 1.4.3 the integration of the BP with the Clinician Vaccine Integrated Platform (**CVIP**) solution⁴;
 - 1.4.4 enhancements to CVIP, including for the collection of data not prescribed by the Australian Immunisation Register (**AIR**), and disclosure from CVIP to prescribed bodies; and

¹ The relevant documents can be found at:

<https://www.health.gov.au/sites/default/files/documents/2020/08/australia-s-covid-19-vaccine-and-treatment-strategy.pdf> and <https://www.health.gov.au/sites/default/files/documents/2021/01/australia-s-covid-19-vaccine-national-roll-out-strategy.pdf>.

² A summary version of this report, and Health's responses to the recommendations made in that report, are available at: <https://www.health.gov.au/resources/publications/covid-19-vaccination-phase-1a-of-covid-19-vaccine-strategy-privacy-impact-assessment-report-and-agency-response>.

³ A summary version of this report, and Health's responses to the recommendations made in that report, are available at <https://www.health.gov.au/resources/publications/covid-19-vaccination-phase-1b-of-covid-19-vaccine-strategy-privacy-impact-assessment-update-report-and-agency-response>.

⁴ After we undertook our analysis in relation to the CVIP, this solution was decommissioned and data held on the CVIP was destroyed. However, rather than remove references to CVIP from this PIA report, we have retained the discussion and analysis about the CVIP because this assists in demonstrating how privacy issues in relation to this solution were considered at the time of implementation.

- 1.4.5 the introduction of data sharing from Commonwealth systems to State and Territory health agencies.
- 1.5 This Phase 2a Update PIA report consolidates all of the work undertaken for the project, and is intended to supplement the findings and analysis in the Original PIA report and Phase 1b Update PIA report. It does not seek to reiterate or reconsider matters that were discussed in the Original PIA report or the Phase 1b Update PIA report. We note that, in general, the information flows and the associated privacy impacts and risks that were discussed in the Original PIA report and the Phase 1b Update PIA report will continue to apply during Phase 2a.

2. Structure of this Phase 2a Update PIA report

- 2.1 This report is comprised of the following sections:
- 2.1.1 **Part B – Executive Summary:** This part contains a summary of the privacy risks we have identified, together with a list of all recommendations we have made as a result of our analysis.
 - 2.1.2 **Part C – Methodology:** This part details how we have undertaken the Phase 2a Update PIA, and includes information about the scope of this PIA process.
 - 2.1.3 **Part D – Project Description – Overview:** This part contains a summary of the changes involved with Phase 2a of the Vaccine Strategy, which may have potential privacy impacts.
 - 2.1.4 **Part E – Project Description and Privacy Analysis for Each Change:** This part contains separate sections for each identified change. Each section sets out a detailed description of the change, and our privacy impact analysis of any potential privacy impacts or risks that we have identified as being associated with the change, including any current mitigation strategies, and any recommendations.
 - 2.1.5 **Part F – Glossary:** This part sets out a list of some capitalised terms that we have used in this Phase 2a Update PIA report, and their definitions.

Part B EXECUTIVE SUMMARY

3. Summary of findings

- 3.1 As was the case during the planning and implementation of Phases 1a and 1b of the Vaccine Strategy, we have been privileged to work with Health during the time that the plans, processes and systems to be used in Phase 2a were being developed, to provide advice and guidance about identified privacy impacts and risks.
- 3.2 We have found that Health has continued to demonstrate an appreciation of the importance associated with the handling of personal information, and its commitment to taking a 'privacy by design' approach by employing an agile methodology to consider the privacy impacts of the key changes associated with Phase 2a, enabling Health to consider these and to adjust processes and specifications as required to ensure compliance with the requirements of the Australian Privacy Principles (APPs) or the principles of the *Privacy Act 1988* (Cth) (**Privacy Act**) more broadly.
- 3.3 The specific discussion about the relevant privacy impacts and risks, and our findings and recommendations, relevant to each of the following areas of change are set out in **Part E – Project Description and Privacy Analysis for Each Change**, specifically:
 - 3.3.1 **Section A:** Expansion of eligibility to receive and to administer a COVID-19 vaccine;
 - 3.3.2 **Section B:** Expansion of eligibility to use the Booking Platform (BP) to Patients under 18 years of age;
 - 3.3.3 **Section C:** Integration of the Commonwealth-procured Booking Platform (BP) and the Clinician Vaccine Integrated Platform (CVIP) solution;
 - 3.3.4 **Section D:** Changes to handling of information related to the CVIP; and
 - 3.3.5 **Section E:** Introduction of data sharing from Commonwealth systems to Health and State and Territory health agencies.
- 3.4 Following our analysis in respect of each of the Sections above, we then considered whether there were any additional overarching matters that Health should address, to further protect personal information and minimise any potential privacy impacts. These overarching recommendations are set out in paragraph 4 of this **Part B [Executive Summary]**, and are designed to address the identified issues and associated risks, and to further enhance privacy protections for individuals during Phase 2a of the implementation of the Vaccine Strategy.
- 3.5 As discussed in a number of the above Sections, we note that ongoing vigilance will be required to ensure that privacy impacts and risks continue to be appropriately addressed. This will include the need to continue to:
 - 3.5.1 implement the overarching recommendations in the Original PIA report and Phase 1b Update PIA during Phase 2a (and any subsequent phases);
 - 3.5.2 monitor the appropriateness and accuracy of released communications material, including Privacy Notices for the various ICT systems, to ensure that they continue to be accurate and reflect best privacy practice;
 - 3.5.3 ensure that all contractual arrangements, including with Health's Partners and other entities involved in the delivery of the various ICT systems which handle personal information, are 'fit for purpose' and contain appropriate obligations in relation to the handling of personal information (including security obligations); and

- 3.5.4 carefully examine, and test, the security of the various ICT components, including in particular where personal information is transferred between systems or entities.

4. Recommendations

4.1 We make the overarching recommendations below in relation to Phase 2a.

Recommendation 1 Documentation of responses to the recommendations

We **recommend** that Health ensure that it has properly documented its consideration of each of the recommendations made in **Sections A to E of Part E – Project Description and Privacy Analysis for Each Change**, including to ensure that it has recorded:

- where Health decided to implement a recommendation, when and how that recommendation was implemented; and
- if Health decided not to implement a recommendation, the reasons why it was not considered practical or otherwise feasible to do so, and noting any alternative strategies that were implemented to address the identified risk.

Recommendation 2 Continued implementation of the recommendations in the Original PIA report and Phase 1b Update report

As many of the privacy impacts and risks identified in this Phase 2a Update PIA report will be mitigated by the strategies recommended in the Original PIA report and the Phase 1b Update PIA report, we **recommend** that Health continue to implement those recommendations, particularly by continuing to ensure that:

- there is open and transparent communication about how personal information will be handled in connection with the Vaccine Strategy (**Recommendation 2** of the Original PIA report);
- the contractual or other administrative arrangements with Health's Partners and other third parties impose suitable privacy obligations, including in relation to the protection and security of personal information (**Recommendations 4 and 5** of the Original PIA report); and
- Vaccine Providers are appropriately trained, and provided with suitable guidance, about their privacy obligations (**Recommendations 2 and 3** of the Original PIA report).

Recommendation 3 Ongoing data governance

We **recommend** that Health continue to ensure its governance arrangements include processes to appropriately consider the privacy impacts of any proposed new or changed use or disclosures of personal information collected as part of Phase 2a (such as through requirements for the undertaking of a privacy threshold assessment as part of system change proposals, or before any new use or disclosure of data collected). This will ensure that any privacy impacts or risks are considered before any new handling of personal information occurs.

4.2 We understand that Health will respond to these recommendations in a separate document.

Part C METHODOLOGY AND ASSUMPTIONS

5. Our methodology

- 5.1 This Phase 2a Update PIA has been conducted to ensure that any identified privacy risks can be considered and addressed, to minimise the impact upon individuals whose personal information may be collected in connection with Phase 2a of the Vaccine Strategy.
- 5.2 We conducted this PIA broadly in accordance with the Office of the Australian Information Commissioner's (OAIC) *Guide to undertaking privacy impact assessments (PIA Guide)*, but using the following 'agile' PIA methodology, as applicable to an PIA update process:

Stage	Description of steps
1.	Plan for the Phase 2a Update PIA report: We reviewed some relevant background material provided by Health, and were provided with briefings by officers from Health. We also agreed on the scope of this Phase 2a Update PIA report (discussed further below in this Part C [Methodology and Assumptions]), the approach to stakeholder consultation, and the timeframes for the necessary activities involved in conducting this Phase 2a Update PIA.
2.	Project Description and information flows: For each proposed change or new functionality to be delivered as part of Phase 2a of the Vaccine Strategy (which we described as a 'sprint'), we prepared an initial draft Project Description. Each draft was refined, and then finalised, in an iterative process as further information was received from Health.
3.	Privacy impact analysis and compliance check: In this step we focussed on the compliance of each change or new functionality against the relevant APPs and privacy best practice. We undertook this step separately for each 'sprint'. The analysis set out in this report has been informed by the <i>Australian Privacy Principles Guidelines (APP Guidelines)</i> issued by the OAIC, which outline the mandatory requirements of the APPs, how the OAIC will interpret the APPs, and matters that may be taken into account when assessing Health's compliance with the Privacy Act. We also took into account our previous experience and available research about reasonable community expectations of privacy and best privacy practice. For example, we assessed risks based on our understanding of reasonable community expectations of privacy, including as indicated by research such as the <i>Australian Community Attitudes to Privacy Survey 2020</i> commissioned by the OAIC, which contains useful information regarding current community expectations (this was summarised in the Original PIA report). We also took into account public reactions to the implementation of Phases 1a and 1b, and public announcements in relation to various comments about Phase 2a, including as reported by the general media. As was the case with the Original PIA report and the Phase 1b Update PIA report, we did not undertake a rigorous risk assessment methodology to identify the magnitude of each of the identified risks. However, this could be done at a later stage, as required, including as part of Health's consideration and implementation of our recommendations.
4.	Privacy management and addressing risks: We considered potential mitigation strategies that could reduce or remove the privacy impacts and risks identified during the previous step, and developed our recommendations for each 'sprint'. As part of this step we also considered whether there were any overarching arrangements that could further mitigate privacy risks across all 'sprints'.
5.	Consolidated draft report: We prepared a draft version of this report, which consolidated all of the previously prepared Sections into Part E [Project Description and Privacy Analysis for Each Change] .

Stage	Description of steps
6.	Refinement of draft report: We further refined our analysis and the potential mitigation strategies following feedback from Health.
7.	Finalised report: We finalised this Phase 2a Update PIA report.

- 5.3 A glossary of defined terms and acronyms is at **Part F [Glossary]** of this Phase 2a Update PIA report.

6. Assumptions and qualifications

- 6.1 This PIA process has been conducted from the perspective of Health, as the Commonwealth agency responsible for the implementation of the Vaccine Strategy, and not from the perspective of any other entity involved with the Vaccine Strategy (including the provider of the Booking Platform, Australian Digital Health Agency (**ADHA**), or any State and Territory authorities).
- 6.2 As was the case with the Original PIA process and the Phase 1b Update PIA process, the implementation of the Vaccine Strategy has continued to develop during our conduct of this Phase 2a Update PIA process. Each of the Sections in **Part E [Project Description and Privacy Analysis for Each Change]** has been conducted as a 'point in time' analysis, as at the date specified at the beginning of each Section.
- 6.3 We have conducted our analysis based on the factual information provided by Health and as set out in each Section in **Part E [Project Description and Privacy Analysis for Each Change]** (we have not independently verified that that factual information was, or continues to be, correct and complete).
- 6.4 This Phase 2a Update PIA report is limited to considering Phase 2a of the Vaccine Strategy. It does not analyse or make recommendations into any later stages of the Vaccine Strategy, and any information flows, or associated privacy risks or compliance issues, that are not described in **Part E [Project Description and Privacy Analysis for Each Change]** of this Phase 2a Update PIA report.

Part D PROJECT DESCRIPTION – OVERVIEW

7. Phase 2a of the Vaccine Strategy

- 7.1 As discussed in the Original PIA report, as part of the Australian Government's response to the COVID-19 pandemic, Health is implementing the Vaccine Strategy, which aims to support access to, and delivery of, safe and effective COVID-19 vaccines for all persons in Australia, as soon as they are available. The Vaccine Strategy is supported by a policy released by Health, which describes the shared and separate responsibilities of the Australian, and State and Territory governments, as well as other key stakeholders, in developing and supporting the implementation of the Vaccine Strategy.
- 7.2 The Vaccine Strategy was planned to be implemented in the following phases:
- 7.2.1 **Phase 1a** – this phase was to cover the initial rollout of a vaccine (a vaccine developed by Pfizer and also a vaccine developed by AstraZeneca) to certain high-priority populations, and the introduction of ICT systems and processes to support the COVID-19 vaccine rollout;
 - 7.2.2 **Phase 1b** – this phase was to cover the broader rollout of vaccines to additional populations, and the introduction of further ICT systems and processes;
 - 7.2.3 **Phase 2a** – this phase was to cover additional populations or cohorts across Australia, and the modification of existing ICT systems and processes (these are discussed in further detail below);
 - 7.2.4 **Phase 2b** – this phase was to cover the rest of the adult population across Australia (including individuals who were eligible in previous phases but were not vaccinated); and
 - 7.2.5 **Phase 3** – this phase was to cover the roll-out to children.
- 7.3 However, in practice Phases 2a, 2b and 3 were condensed, and were effectively rolled out as part of Phase 2a.
- 7.4 As part of **Recommendation 1** in the Original PIA report and Phase 1b Update report, we recommended that Health continue to take a 'privacy-by-design' approach as the implementation of the Vaccine Strategy progresses.
- 7.5 As part of Health's implementation of this recommendation, Maddocks was engaged by Health to undertake this Phase 2a Update PIA process in relation to Phase 2a of the Vaccine Strategy, to examine in detail:
- 7.5.1 the impact of certain changes to the information flows for the Vaccine Strategy as identified in the Original PIA report and Phase 1b Update PIA report;
 - 7.5.2 any additional or changed analysis which is now required as a result of those changes in information flows; and
 - 7.5.3 any new privacy risks arising out of those changes, and any recommended mitigation strategies to address those risks.
- 7.6 The changes that were examined in this Phase 2a Update PIA, which differ from Phase 1b are:
- 7.6.1 the ability for CPs to administer COVID-19 vaccines;
 - 7.6.2 people aged under 18 years old becoming eligible to use the BP;

- 7.6.3 the integration of the BP with the CVIP;
- 7.6.4 enhancements to CVIP, including for the collection of data not prescribed by the AIR, and disclosure from CVIP to permitted bodies; and
- 7.6.5 the introduction of data sharing from Commonwealth systems to State and Territory health agencies.

8. Structure of Part E [Project Description and Privacy Analysis for Each Change]

- 8.1 We have analysed each of the changes identified in paragraph 7.6 of this **Part D [Project Description – Overview]** in separate sections below. In each Section, we:
 - 8.1.1 provided further information on the change (by way of a 'Project Description' for each change);
 - 8.1.2 considered the privacy impacts of the change, given the requirements of the Privacy Act (the APPs), including identifying any privacy risks or concerns; and
 - 8.1.3 made recommendations designed to:
 - (a) address the risks identified as part of our considerations described in paragraph 8.1.2 of this **Part D [Project Description – Overview]**;
 - (b) further enhance privacy protections for individuals; and/or
 - (c) further strengthen compliance with the Privacy Act (including the APPs).
- 8.2 The analysis below does not address those elements of the APPs which reflect Health's broader compliance obligations, but only considers those elements that specifically relate to the changes specified in paragraph 7.6 of this **Part D [Project Description – Overview]**.
- 8.3 Details of the text of the APPs is set out in the Original PIA report, and we have not replicated this information in this Phase 2a Update PIA report. However, the APPs can be found in Schedule 1 to the [Privacy Act](#).

Part E PROJECT DESCRIPTION AND PRIVACY ANALYSIS FOR EACH CHANGE

Section A Expansion of eligibility to receive and to administer a COVID-19 vaccine

Date of Analysis: 5 August 2021

1. Project Description

1.1 As part of Phase 2a of the Vaccine Strategy, we understand that additional population groups will be eligible to make an appointment to receive a COVID-19 vaccine⁵. These include the following:

1.1.1 people aged between 50 and 69;

1.1.2 Aboriginal and Torres Strait Islander people aged between 18 and 54; and

1.1.3 critical and high risk workers not otherwise included in Phase 1b of the Vaccine Strategy.

1.2 Health expects approximately 15.8 million doses of COVID-19 vaccines will be administered during Phase 2a.

1.3 Additionally, as part of Phase 2a, Health has introduced the ability for CPs to administer COVID-19 vaccines (i.e. CPs may be Vaccine Providers).⁶

Involvement of CPs in Phase 2a of the Vaccine Strategy

1.4 We note that CPs have been onboarded to the Vaccine Strategy as Vaccine Providers in the same way as General Practitioners (GPs) were onboarded as Vaccine Providers in Phase 1b of the Vaccine Strategy⁷. Additionally, Patients will interact with CPs in the same way as they currently do with GPs (i.e. no new information about Patients will be collected by CPs).

1.5 However, there is a key difference between CPs and other Vaccine Providers – relevantly, CPs report to, and are paid for administering one of the COVID-19 vaccines⁸ by, the Pharmacy Programs Administrator (PPA). The PPA is an organisation that is contracted by Health under the Seventh Community Pharmacy Agreement (7CPA)⁹.

1.6 We understand that the information flows associated with CPs reporting to, and being paid by, the PPA are as follows:

1.6.1 CPs **disclose** Patient Information (through a configured portal) to the PPA for the purposes of claiming a payment for the administration of one of the COVID-19 vaccines. This Patient Information comprises of:

⁵ Further information is available at <https://www.health.gov.au/sites/default/files/documents/2021/01/covid-19-vaccination-australia-s-covid-19-vaccine-national-roll-out-strategy.pdf>.

⁶ Further information is available at <https://www.health.gov.au/sites/default/files/documents/2021/01/community-pharmacy-covid-19-vaccine-rollout-from-phase-2a-community-pharmacy-covid-19-vaccine-rollout-from-phase-2a-may-2021-onwards.pdf>.

⁷ As outlined in Section B of the Phase 1b Update PIA report.

⁸ The CPs are funded per vaccination delivered. In instances where a Patient receives both doses of a COVID-19 vaccine at the same CP, the second vaccination payment will be higher than the first vaccination payment.

⁹ Further information is available at <https://www.ppaonline.com.au/about>.

- (a) Patients' names;
 - (b) Patients' dates of birth;
 - (c) Patients' Medicare number (if any); and
 - (d) information about whether a Patient's first or second dose (and if second, whether both) were received at the same CP.
- 1.6.2 CPs may **disclose** this Patient Information to Health for quality assurance and compliance purposes. However, we do not know how this Patient Information is transferred to Health.
- 1.6.3 The PPA **uses** the Patient Information for the following purposes:
- (a) Patients' names and dates of birth are used for compliance purposes;
 - (b) Patients' Medicare card numbers are used as a single source of verifying the Patient's identity; and
 - (c) the number of dosages that the Patient received from the CP is used to determine the payment amount for the CP.
- 1.6.4 The PPA may also **use** Patient Information for compliance and quality assurance purposes, if required by Health.
- 1.6.5 The PPA may **disclose** Patient Information to Health, if required by Health for compliance and quality assurance purposes. However, we do not know how this Patient Information is transferred to Health.
- 1.7 Relevantly, the consent form provided to Patients before they receive a COVID-19 vaccine has been updated to state:

If you are receiving your vaccination in a Pharmacy, the Pharmacy is required to disclose some of your personal information to the Pharmacy Programs Administrator. This is so the Pharmacy can claim payment from the Australian Government. More information about why this is required and the information disclosed is provided at the link above.

- 1.8 The Privacy Notice above the consent states:

If you receive a COVID-19 vaccination through a Community Pharmacy, you may also be asked to provide consent for your personal information to be sent to the Pharmacy Program Administrator (PPA). This is to allow Pharmacies to claim payments for the vaccines they administer.

The information provided to the PPA may include:

- *your name*
- *your date of birth*
- *your Medicare number (if any)*
- *whether your first or second dose [and if second, whether both were received at the same pharmacy].*

The PPA will use your information to manage Pharmacy payment claims, for general reporting to us, and for Pharmacy compliance monitoring. We may share your personal information with the PPA for the purposes of compliance or fraud investigations.

The PPA will handle your data in compliance with the Privacy Act and in line with our strong privacy requirements. You can read their [Privacy Policy](#) online.

*The Pharmacy Program Administrator will store personal information collected as part of the COVID-19 vaccine rollout in their secure, on-shore IT environment. They may provide personal information to us for the purposes of compliance and payment claiming. They may provide aggregate and **de-identified** reports (such as number of people who received vaccines at pharmacies in an area) to us on request.*

2. Privacy impact analysis and compliance

Increased numbers of Patients and Vaccine Providers

2.1 In Phase 2a:

- 2.1.1 there will be significantly greater numbers of Patients whose personal information, including sensitive information, will be handled; and
- 2.1.2 there will be a significantly increased number of Vaccine Providers:
 - (a) who will be handling personal information about Patients; and
 - (b) whose Provider Personnel may have their information handled in connection with Phase 2a.

2.2 The sheer numbers mean that the privacy risks identified in the Original PIA will necessarily increase, as more personal information about more individuals becomes affected. This highlights the importance of implementing the mitigation strategies we identified in the Original PIA report and the Phase 1b Update PIA. We consider that implementation of the recommendations in the Original PIA report in relation to Phase 1a, and the recommendations in the Phase 1b Update PIA in relation to Phase 1b, will greatly assist in reducing the likelihood and impact of the privacy risks during Phase 2a. Accordingly, we **recommend** that Health continue to work to implement the recommendations of the Original PIA report, as Health indicated it would do in its response to those recommendations.

2.3 In particular, we highlight the importance of Health ensuring that:

- 2.3.1 there is open and transparent communication about how personal information will be handled in connection with the Vaccine Strategy (**Recommendation 2** of the Original PIA report);
- 2.3.2 the contractual or other administrative arrangements with Health's Partners and other third parties impose suitable privacy obligations, including in relation to the protection and security of personal information (**Recommendations 4 and 5** of the Original PIA report); and
- 2.3.3 Vaccine Providers are appropriately trained, and provided with suitable guidance, about their privacy obligations (**Recommendations 2 and 3** of the Original PIA report).

Application of the Privacy Act and the APPs

2.4 We note that the Privacy Act applies to APP entities, meaning 'agencies' or 'organisations'. Relevantly, section 6c of the Privacy Act defines an organisation:

An organisation is an individual, body corporate, partnership, unincorporated association, or trust. A 'small business operator', which is an operator of a business with an annual turnover of less than \$3 million, is not an organisation except where it provides a health service (section 6D(4)(b) of the Privacy Act) or is a contracted service provider for a Commonwealth contract (section 6D(4)(e) of the Privacy Act).

- 2.5 A health service includes an activity that is intended or claimed by the individual or person performing it to assess, maintain or improve the individual's health (section 6FB(1)(a) of the Privacy Act).

Application of APPs to CPs

- 2.6 The CPs are being onboarded to the Vaccine Program in order to administer the COVID-19 vaccination, which is intended to protect individuals from transmission and the risk of serious illness from COVID-19, thus maintaining their health. The CPs provide a service which falls under the definition of a health service and are therefore organisations under the Privacy Act, obligated to comply with the Privacy Act.

Application of APPs to PPA

- 2.7 The PPA has been contracted by Health to facilitate the payment of the CPs. Therefore, the PPA is an organisation under section 6D(4)(e) of the Privacy Act and is obligated to comply with the Privacy Act.

Transparency regarding the handling of Patient Information

- 2.8 It is important that individuals who provide their personal information to an APP entity are aware of how their personal information will be handled by that entity. APP 1 requires that the APP entity have a clearly expressed and up to date policy about the management of personal information by the entity, including all the information listed in APP 1.4. APP 5 requires that the APP entity ensures the individual is aware of how and why their personal information will be collected, and any other information listed in APP 5.2, at or before the entity collects that information.
- 2.9 The management of personal information following the onboarding of pharmacists to the Vaccine Strategy has been publicised and expressed in the following ways:
- 2.9.1 the PPA Privacy Policy¹⁰ available on the PPA website (i.e. APP 1 notice);
 - 2.9.2 the Privacy Notice that will be provided to each Patient prior to their COVID-19 vaccination (i.e. APP 5 notice); and
 - 2.9.3 the COVID-19 collection notice, available on the Health website (i.e. Privacy Policy).¹¹
- 2.10 Maddocks drafted the Privacy Notice, which provides up to date information about why and how the personal information will be collected and will be provided to the Patient at the time that the CP collects the information about the individual. The Privacy Notice includes all the relevant information listed in APP 5.2 and therefore meets the requirements of APP 5.
- 2.11 Maddocks has reviewed the PPA Privacy Policy and the 'collection notice' (i.e. Privacy Policy) available on the Health website, and can confirm that all the required information about the management of personal information listed in APP 1.4 is available and up to date as per the current plan with regards to the onboarding of CPs to the Vaccine Strategy.

Disclosure of Patient Information by CPs to the PPA

- 2.12 APP 6 provides that an APP entity that holds personal information about an individual that was collected for a particular purpose (the primary purpose) must not use or disclose the information for another purpose (the secondary purpose) unless the individual has consented to the use or disclosure of the information for that purpose, or APP 6.2 or APP 6.3 applies.

¹⁰ Available online at: <https://www.ppaonline.com.au/privacy-policy>.

¹¹ Available online at: <https://www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations>.

- 2.13 The primary purpose of the CP collecting Patient Information is to report this information to the PPA in order to receive payment for the administration of one of the COVID-19 vaccines. We consider that the disclosure of the Patient Information by the CP to the PPA is for the purposes of facilitating their payment for administering the vaccine, the primary purpose, and therefore complies with APP 6.1.
- 2.14 We note that the CPs may also use the Patient Information for business as usual practices.¹²

Use of Patient Information by the PPA

- 2.15 The primary purpose of the PPA collecting the Patient Information is to facilitate payment to the CPs for the administration of COVID-19 vaccines. The PPA will use the Patient's Medicare number to verify their identity, and information about the number of doses that the Patient has had administered to them will be used to determine the payment amount owed to the CP. We consider that this use of the Patient Information is for the purposes of facilitating the payment of CPs for administering a COVID-19 vaccine, the primary purpose, and therefore complies with APP 6.1.
- 2.16 A secondary purpose of the PPA collecting Patient Information is to undertake compliance and quality assurance activities. The Privacy Notice provided to the Patient prior to the collection of the Patient Information informs and requires Patient to consent to this secondary use of their information. As a COVID-19 vaccine cannot be administered to the Patient without receiving verbal or written consent to the information contained within the Privacy Notice, all recipients of a COVID-19 vaccine from a CP will have consented to the secondary use of the Patient Information. Thus the secondary use is permissible under the APPs.

Disclosure of Patient Information by the PPA

- 2.17 Another secondary purpose of the PPA collecting the Patient Information is to disclose the information to Health in order to provide assistance with Health's compliance and quality assurance activities. The Privacy Notice provided to the Patient prior to the collection of the Patient Information informs and requires Patients to consent to this secondary use of their information, and therefore complies with APP 6.1(a).

¹² For the purposes of this Phase 2 Update PIA report, we have not considered any use of Patient Information by CPs that falls within their business as usual practices.

Section B Expansion of eligibility to use the Booking Platform (BP) to Patients under 18 years of age

Date of Analysis: 7 September 2021

1. Project Description

- 1.1 The Phase 1b Update PIA report contemplated that children under 18 years of age (**Minors**) would only receive COVID-19 vaccines as part of Phase 3 of the Vaccine Strategy, unless there were extenuating circumstances (i.e. a Minor fell into a high-risk category). Additionally, the Phase 1b Update PIA report reflected that Health had decided that Minors would not be able to use automated processes such as the BP to make an appointment, and Health would instead develop a tailored pathway for Minors to make bookings.
- 1.2 Accordingly, we recommended (**Recommendation 2** in the Phase 1b Update PIA report) that Health should consider developing tailored communication and explanatory materials, and/or alternative processes for Minors aged 15 or older, to ensure that these Minors were able to understand and communicate valid consent. Additionally, we suggested that Health may wish to implement alternative processes that are specifically designed for Minors, such as tailored booking services that would provide an opportunity to assess the individual's capacity to provide consent and to deliver targeted information.
- 1.3 However, since the Phase 1b Update PIA report was finalised, there have been rapid changes in the COVID-19 environment in Australia (including wide-spread outbreaks in certain areas and changes in medical advice about risk levels for various cohorts). Accordingly, the Vaccine Strategy has been updated to allow more Minors to access COVID-19 vaccines as part of Phase 2a of the Vaccine Strategy. Additionally, Health is allowing bookings for Minors to be made through the BP.
- 1.4 Minors who are over 15 will be able to use existing mechanisms (including making bookings through the BP) to make an appointment for, and receive a COVID-19 vaccination, in the same manner as an adult can (except that we understand that there are no plans for Minors to be able to use the Register Your Interest (**RYI**) solution, so we have not considered it further in this Phase 2a Update PIA report).
- 1.5 In addition, Parents or guardians (and presumably any others who have the necessary legal authority) of Minors who are under 15 are able to use existing mechanisms (including making bookings through the BP) on behalf of the Minor.
- 1.6 In both cases, the information flows for Minors are the same as for other Patients.

2. Privacy impact analysis and compliance

- 2.1 The major privacy issue for consideration with the introduction of Minors into the Vaccine Strategy, in circumstances where the information flows for Minors are the same as for other Patients, is the extent to which Minors can provide valid consent to the handling of their personal information, as required for the delivery of COVID-19 vaccines.

Minors between 15 and 17 years of age

- 2.2 Guidance from the OAIC indicates that, if it is not practical for an APP entity to assess the capacity of individuals under the age of 18 on a case-by-case basis, it may presume that an individual aged 15 and over has sufficient capacity to consent (unless the APP entity is aware of circumstances which would alter that presumption), and conversely, it should not be presumed that an individual aged under 15 has capacity to give consent.

- 2.3 We therefore consider that Health can assume that any Minor aged 15 and over has the capacity to consent to the collection and handling of their personal information, as required for the delivery of the COVID-19 vaccines.
- 2.4 However, it is important that Health ensures that its forms and explanatory materials are sufficiently simple so as to be understood by Minors between 15 and 17 years of age. This will assist Health to demonstrate that it is obtaining informed consent from these Minors.
- 2.5 We have had the opportunity to work closely with Health as it has prepared and finalised a range of explanatory materials and forms in connection with the Vaccine Strategy (e.g. the BP Privacy Policy, the BP Privacy Notice and consent form). We are satisfied that Health has taken steps to ensure that these documents and forms are drafted in plain English, with the intent that they be able to be understood by a wide range of audiences (e.g. including Patients with basic English skills).
- 2.6 It is also important to consider the time and resources that would need to be diverted from other activities to tailor resources for the 15-17 year old cohort. The practicalities of having different notices and forms available for differently aged Patients, and the need for consistent processes to ensure the vaccination process is as fast and effective as possible, is also relevant. In these circumstances, we now do not consider it practicable, or necessary, for Health to develop new versions of forms and material that is targeted specifically at Minors aged 15-17 years of age.

Minors under 15 years of age (including children 12-15 years; children 5-11 years; and children under 5 years)

- 2.7 In most cases, it will be appropriate for Health to ensure that valid consent to the handling of the personal information about a Minor under 15 years of age is obtained from the Minor's parent or legal guardian. This will provide appropriate authority for the handling of personal information, in the same way as for an adult.
- 2.8 In this regard, we note that the consent form already includes a section that allows a parent or legal guardian to provide their consent on behalf of a Patient. We consider that this is appropriate from a privacy perspective.
- 2.9 The BP allows a booking to be made for 'someone else' – i.e. the BP allows parents or guardians to make an appointment on behalf of a Minor. We consider that this is a privacy-enhancing feature of the BP.
- 2.10 However, we understand that the BP does not *require* a person who is under 15 years of age to ensure that their parent or guardian's consent is obtained before they are able to book an appointment for a COVID-19 vaccine (including providing consent for the associated collection and handling of their personal information). For example, even if a Minor enters a date of birth indicating that they are 12 years of age, the BP does not contain technical measures that requires a parent or guardian to confirm that they have consented to the handling of the Minor's personal information.
- 2.11 If a Patient indicates that they are under 15 years of age, Health should not assume that the Patient has the requisite capacity to provide consent to the handling of their personal information. A number of APP compliance risks associated with subsequent collections, uses and disclosures of personal information during the vaccination process are mitigated by the obtaining of consent at the BP stage.
- 2.12 We accordingly **recommend** that Health consider requiring HealthEngine Pty Ltd (**HealthEngine**), as the provider and operator of the BP, to ensure that if a Patient indicates that they are under 15 years of age, the Patient is notified that a parent or legal guardian must complete the booking on their behalf by entering their details and providing the required consent (or, as discussed below, the Patient must contact Health or another nominated entity if the Patient does not have a parent or legal guardian who can make a booking for them).

- 2.13 We understand that there may be extenuating circumstances in which an older Minor under 15 years of age does not have a parent or legal guardian available to provide consent on their behalf (e.g. if they are emancipated or otherwise do not have any contact with a parent or legal guardian). We consider it is important that Health implement processes so that these Minors can, where appropriate, provide informed consent to the collection and handling of their personal information in the course of receiving a COVID-19 vaccine.
- 2.14 Accordingly, we **recommend** that Health consider ensuring that there are current alternative booking systems in place that would provide an opportunity to assess individuals' capacity to provide consent, and to deliver targeted information. For example, Health may wish to consider requiring these Minors to contact a Health tailored booking service, or a Vaccination Provider who is a health professional, who can gauge their capacity to provide informed consent¹³.

Addendum – Children under 12 years (completed 20 December 2021)

- 2.15 Further to the above, Minors aged between 5 – 11 years of age will be eligible to receive a vaccine in January 2022.¹⁴ We do not consider that the introduction of this new cohort of eligible Patients raises any additional privacy risks that have not been already considered in this **Section B [Expansion of eligibility to use the Booking Platform (BP) to Patients under 18 years of age]**.

¹³ Please note that in this Section we have only considered the extent to which a Minor under 15 years of age can provide consent to the handling of their personal information. We assume that Health will ensure that appropriate procedures are in place to obtain appropriate consent to medical treatment (i.e. receiving a COVID-19 vaccination).

¹⁴ Children 5-11 years became eligible to receive a vaccine from 10 January 2022.

Section C Integration of the Commonwealth- Procured Booking Platform (BP) and the Clinician Vaccine Integrated Platform (CVIP) solution

Date of Analysis: 1 September 2021

1. Project Description

- 1.1 As described in the Phase 1b Update PIA report:
- 1.1.1 Health has procured the BP from HealthEngine Pty Ltd to facilitate on-line bookings for members of the Australian public who wish to book an appointment to receive their COVID-19 vaccination with a Vaccine Provider who does not already have, or does not wish to use, their own booking systems; and
 - 1.1.2 Health (in cooperation with the ADHA) has implemented the CVIP solution, including the CVIP App, to allow Vaccinators administering a COVID-19 vaccine to access the AIR and submit required information about vaccinations administered to the AIR.
- 1.2 At the time that the Phase 1b Update PIA was undertaken, although information about Patients which was collected as part of the BP was transferred to Vaccine Providers, there were no plans to integrate the BP and CVIP systems so that information about Patients who have booked an appointment would be automatically populated into the CVIP solution.
- 1.3 This means that Vaccine Providers who are using both the BP and CVIP solutions need to extract information from the BP solution to their own systems, and then separately enter and use that information in the CVIP App (the Phase 1b Update PIA report sets out how either the Patient can enter their relevant information via a webform, or the Vaccinator could seek the relevant information from the Patient during their appointment and then enter it into the CVIP App).
- 1.4 For some Vaccine Providers, particularly States and Territories operating large vaccination clinics, this process of receiving information from the BP and then separately using that information to enter it into the CVIP solution, has proved to be resource intensive, requiring additional time and personnel for Vaccine Providers to process vaccinations.
- 1.5 Therefore, Health (together with the ADHA) intends to further develop and integrate the BP and CVIP solutions to allow the one-way transfer of Patient Information from the BP to the CVIP.
- 1.6 Where a Vaccine Provider has demonstrated to Health that there is a need for the integration in relation to a vaccination clinic operated by it (**Clinic**)¹⁵, the BP will automatically send to the CVIP information held in the BP about Patients who have booked an appointment to receive a COVID-19 vaccination at that Clinic.¹⁶

¹⁵ At the time of writing this Section, only the South Australian Government has demonstrated a need for the integration in relation to the Clinics operated by it, but the relevant ICT system enhancements are being prepared in a way that will allow relatively easy implementation of the integration for other Clinics, and in other jurisdictions in the future, where the Vaccine Provider is able to demonstrate an appropriate need.

¹⁶ For clarity, a Clinic will only receive information about their individual Clinic and not information relating to other Clinics.

1.7 For clarity, the integration will only apply where the relevant Vaccine Provider has chosen to use both the BP and CVIP systems for their Clinic (the integration discussed in this **Section C [Integration of the Commonwealth-Procured Booking Platform (BP) and the Clinician Vaccine Integrated Platform (CVIP) solution]** will not result in the BP sending information to any other systems used by a Vaccine Provider or the Commonwealth).

1.8 The following is a summary of the information flows that will result from the integration of the BP and CVIP:

Patient Information is provided to the BP (no change to existing information flows)

1.9 As described in the Phase 1b Update PIA report, if a Patient's chosen Vaccine Provider is using the BP, the Patient will enter the following information into the BP in order to make an appointment with that Vaccine Provider¹⁷:

- 1.9.1 whether the booking is being made for themselves or whether they are booking on behalf of someone else;
- 1.9.2 whether they are an existing patient of the Vaccine Provider, or they are a new patient;
- 1.9.3 their full name;
- 1.9.4 their preferred name;
- 1.9.5 their email address;
- 1.9.6 their mobile phone number;
- 1.9.7 their address;
- 1.9.8 their date of birth; and
- 1.9.9 their Medicare card details (including Individual Reference Number (**IRN**), and the card's expiry date).

1.10 After a booking is made, this information about the Patient, and details about the appointment with the Vaccine Provider (including information about the relevant Clinic for which the appointment is made), is stored on the HealthEngine platform.

BP collates and sends Patient Information to the CVIP

1.11 It is intended that as a result of the proposed changes to the BP solution, the BP solution will, once each day (early in the morning, e.g. 3am), collate information into a .CSV file about Patients who have booked appointments for that day with the Vaccine Provider at each Clinic.

1.12 The .CSV file will contain a package of information (**BP Information**) in respect of the Vaccine Provider that contains, for each Patient who has booked an appointment for that day with the relevant Vaccine Provider:

- 1.12.1 the following details about the Patient:
 - (a) the unique identifier allocated to the Patient by the BP;
 - (b) the Patient's full name;

¹⁷ As described in the Phase 1b Update PIA report, the Patient may also enter some personal information to establish an account with the operator of the BP (HealthEngine), and there are additional collections of information of Patients (for example, the collection of 'cookies' from users' computers or devices), but we understand that none of this information will be used or transferred to the CVIP as part of the proposed integrations.

- (c) the Patient's date of birth;
- (d) the Patient's gender;
- (e) whether the Patient provided a Medicare card and, if they did, the Medicare card number and IRN;
- (f) the Patient's full address; and

1.12.2 the following details about the Vaccine Provider:

- (a) the unique identification number allocated to the Vaccine Provider by the BP;
- (b) name; and
- (c) the relevant Clinic address.

1.13 Although the BP does also collect other information if any person makes a booking on behalf of another person (i.e. the name and contact details of a legal guardian for a Patient), the BP Information will not include any information about any such third parties.

1.14 The BP Information will then be sent via an Application Programming Interface (**API**) to the CVIP¹⁸ where it will be stored. The CVIP solution will then send a code back to the BP which will confirm successful transfer of the BP Information.

1.15 Throughout the day, the BP solution will continue to collate and send at regular intervals further .CSV files with updated details about Patient bookings (e.g. the new .CSV file will update the previously sent file to reflect any cancellations or changes to bookings, or new Patient bookings for that day).

1.16 This step will therefore involve:

- 1.16.1 a new **use** of the collected Patient Information by HealthEngine, which is the entity contracted by Health to provide and operate the BP, when it collates the BP Information; and
- 1.16.2 a **disclosure** of BP Information by HealthEngine to the Commonwealth and a corresponding **collection** of BP Information by the Commonwealth.

Vaccine Providers access and can extract the BP Information from the CVIP

1.17 As discussed in the Phase 1b Update PIA report, authorised personnel of a Vaccine Provider can already access the CVIP via a PRODA log-in.

1.18 The proposed changes will mean that after logging in, all personnel of the Vaccine Provider who have been authorised to access the CVIP for a Clinic will be able to access the BP Information of all Patients who have booked to receive a COVID-19 vaccination with the Vaccine Provider in that Clinic on that day (**Clinic Registration List**). The Clinic Registration List will only display Patients who have been booked with that Vaccine Provider at that Clinic.

¹⁸ As discussed in the Phase 1b Update PIA report, the CVIP is a cloud storage facility provided by Salesforce, which is contracted by Health.

- 1.19 It is anticipated that the view displayed to the authorised personnel of the Vaccine Provider may be similar to the following¹⁹:

The screenshot shows the 'Clinician Vaccine Integrated Platform' interface. At the top, there are navigation tabs: 'Checked In Patients' (selected), 'Find Patient', 'Manage Vaccines', and 'Clinic Report'. Below the tabs, there is a header area with the user's name 'John Wilson' and role 'Liverpool HQ 1p1'. A section titled 'List of Patients Checked In' is visible, with a search bar and a refresh icon. Below this, a table displays patient information. The table has columns for Registration Code, Patient Name, Date of Birth, Medicare Number, Address, Check In, and Clinic. Two patients are listed:

	Registration Code	Patient Name	Date of Birth	Medicare Number	Address	Check In	Clinic
1	307377A19	AIDEN ARCHER	13/8/1959	2953731681	14 BINYON ST 2795 A...	10/5/2021, 1:51 PM	Liverpool HQ 1p1
2	D316A30D3	Lightning Scar HarrysHead	10/5/1980	1234567845	20 Sussex st 2000 Syd...	10/5/2021, 1:33 PM	Liverpool HQ 1p1

- 1.20 Authorised Vaccine Provider personnel will be able to extract the Clinic Registration List to the Vaccine Provider's own ICT systems.
- 1.21 This step will involve a **disclosure** and **use** of BP Information by the Commonwealth to the Vaccine Provider, and a **collection** of BP Information by the Vaccine Provider if they extract the Clinic Registration List.
- 1.22 For completeness, we note that if a Patient attends without having made a booking or for any other reason they are not on the Clinic Registration List, the Vaccinator can still use the existing CVIP processes to search for that Patient's record in the AIR or create a new record (as described in the Phase 1b Update PIA report).

Step 4: The Vaccine Provider uses the BP Information

- 1.23 If the Vaccine Provider extracts the Clinic Registration List from the CVIP, it is intended that the Vaccine Provider may use the extracted BP Information to:
- 1.23.1 assist with checking in Patients as they arrive for their appointment (e.g. ensuring that the reception area has a list of Patients who are scheduled to attend that day, and to check them off as having arrived); and
 - 1.23.2 check the details contained in the Clinic Registration List against the identity documents provided by the Patient on arrival at the Vaccine Provider's clinic, to verify that the Patient has a booking.
- 1.24 In addition, when the Vaccine Provider's authorised personnel access the CVIP, they will be able to click on a Patient in the Clinic Registration List to use the BP Information about that Patient to search the AIR for the Patient's AIR record, if one exists, or to create a new AIR record (as per the processes described in the Phase 1b Update PIA report). It is anticipated that this may either be done by the Vaccinator during the consultation with the Patient, or by another authorised Provider Personnel in advance of the Patient arriving (to reduce Vaccinator time and effort during the Patient consultation). If it is done in advance of the vaccination consultation, the Patient's AIR record would be stored in the CVIP and then accessed by the Vaccinator during the consultation by clicking on the relevant Patient name in the Clinic Registration List (i.e. clicking on the Patient's name will take the Vaccinator to the Patient's AIR record as stored in the CVIP).

¹⁹ The image displays 'dummy' data only.

- 1.25 From this point, the information flows will be as per the Phase 1b Update PIA report (i.e. the Vaccinator will input the Patient's vaccination information into the Patient's AIR record, the amended AIR record will be stored in the CVIP, and then transferred to the AIR at the end of each day).
- 1.26 All information in the CVIP will continue to be deleted within 24 hours of the next scheduled upload of information to the AIR²⁰. This will include the Clinic Registration List (and the BP Information in the Clinic Registration List). This is irrespective of whether or not the Patient actually attends the relevant Clinic, received a vaccination, or an AIR record is submitted to the AIR.
- 1.27 If during interactions with the Patient, an authorised personnel of the Vaccine Provider identifies an error in the information in the Clinic Registration List, the Vaccine Provider will be able to effectively amend that information by using the correct information to search for the Patient's AIR record using the CVIP App. The incorrect information in the Clinic Registration List will then be deleted after the AIR record with the correct information is sent to the AIR. No amended Patient Information will be sent from CVIP back to the BP.
- 1.28 This step will involve **uses** of the BP Information by the Vaccine Provider.

2. Privacy impact analysis and compliance

Transparency regarding the handling of Patient Information

- 2.1 It is important that individuals who provide their personal information, or the personal information of another individual, to the BP are made aware of how personal information will be handled by the BP if the proposed integration occurs.
- 2.2 We have reviewed the BP Privacy Policy²¹ and the BP Privacy Notice (i.e. APP 5 notice)²² and consider that these documents should be updated to describe how the personal information (sensitive information) of Patients will be handled as a result of the proposed integration of the BP and the CVIP solutions. In particular, we **recommend** that these documents:
- 2.2.1 make it clear to Patients that if their chosen Vaccine Provider is using the CVIP solution:
 - (a) some of their personal information (which should ideally be specified) may be automatically transferred to that solution to assist the Vaccine Provider manage their bookings and undertake their mandatory reporting about the Patient's vaccination to the AIR; and
 - (b) the Vaccine Provider will be able to download their personal information and store it on their ICT systems; and
 - 2.2.2 contain a link to Health's website with further information about the CVIP, including the CVIP Privacy Notice²³.

²⁰ Unless an issue with the transfer of a record to the AIR is identified, in which case the relevant information may be retained for a longer period until the issue is resolved.

²¹ Available online at: <https://healthengine.com.au/privacy.php>.

²² Available online at:

<https://healthengine.com.au/legal/commonwealth/collection.php?cid=par:hea:cbp::cbp:::mar21>.

²³ Available online at: <https://www.health.gov.au/using-our-websites/privacy/collection-notice-for-the-clinician-vaccine-integrated-platform-cvipb>.

- 2.3 In addition, we **recommend** that the CVIP Privacy Notice also be amended to reflect the additional potential collection of personal information from the BP, because under APP 5.2(b) if personal information about an individual is collected from someone other than the individual to whom the information relates, then the individual should be made aware of the name of the entity from which their personal information was collected and the method of collection.

Collection of Patient Information

Collection of the BP Information by the CVIP

- 2.4 At the time of writing of this Section, responsibility for administration of the CVIP solution on behalf of the Commonwealth rests with Health²⁴. Information stored in the CVIP is considered to be information that has been collected by Health, rather than information that has been collected by the Vaccine Provider, or Services Australia (who operates the AIR using Services Australia infrastructure).
- 2.5 This means that the proposed integration of the CVIP and BP solutions will mean there will be a new collection by Health of some new information, when the BP Information is received in the CVIP.
- 2.6 As discussed in the Original PIA report, all of the above Patient Information will be sensitive information (being health information under section 6FA of the Privacy Act).
- 2.7 The new collection raises two privacy issues:
- 2.7.1 is the collection of the BP Information by Health authorised, consistent with the requirements of APP 3.3; and
 - 2.7.2 does the collected personal information represent the minimum amount of personal information required for the purposes of collection (as per the 'data minimisation principle')?
- 2.8 In accordance with APP 3.3, the CVIP must not collect sensitive information about the Patient unless:
- 2.8.1 the individual consents to the collection of the sensitive information; and
 - 2.8.2 the information is reasonably necessary for, or directly related to, one or more of the CVIP's functions or activities,
- or another exception in APP 3.4 applies. To date, all of the information that has been stored in the CVIP has been characterised as information that is authorised by the *Australian Immunisation Register Act 2015* (Cth) (**AIR Act**), because it has been collected '*for the purposes of including that information in the [AIR]*' under section 22(1) of the AIR Act, and is therefore authorised by APP 3.4(b).
- 2.9 Some of the BP Information received from the BP will still have been collected, and will be used, for the purposes of including that information in the AIR (it will just have been collected from the BP, rather than directly from the Patient). For example, the Patient's name, date of birth, gender, and Medicare number (if the Patient has a Medicare number), and the day of the vaccination, are all matters needed to allow the Vaccinator to find the correct AIR record for the Patient and/or to undertake the mandatory reporting to the AIR²⁵.

²⁴ In future, responsibility for administration of the CVIP may be transferred to the ADHA, at which point the collection in the CVIP is likely to represent collection by the ADHA, and we suggest that the functions and activities of the ADHA, and whether they appropriately support the relevant collection by the ADHA, be considered as part of any transition process.

²⁵ The *Australian Immunisation Register Rule 2015* (Cth) prescribes these items as information that must be reported to the AIR.

2.10 However, it is difficult to see how some other BP Information items can be justified as having been collected and used for the purposes of the AIR. For example, the time for the Patient's appointment, the unique identification numbers allocated by the BP, and the relevant Clinic address are not items of information that are required to be provided to the AIR, or otherwise relevant for the purposes of the AIR. We do not think that APP 3.4(b) can be relied upon to authorise the collection of these items. We do not think that any other exception in APP 3.4 would operate to authorise the collection of these items (for completeness, we do not think a Patient making a booking would reasonably expect HealthEngine to transfer the information to another Health system (APP 3.4(a)) or that a permitted general situation would apply so as to authorise the collection (APP 3.4(b)).

2.11 This means that the consent of the Patient to collection of their personal information in the CVIP will need to be obtained at the point that they make a booking using the BP.

2.12 The consent to the collection of sensitive information is sought of the Patient at the time the Patient makes a booking for an appointment to receive a COVID-19 vaccine. The Patient is provided with the following:

By continuing with your booking you agree to HealthEngine's Terms of Use, Privacy Policy and Collection Notice...

2.13 If the BP Privacy Policy and the BP Privacy Notice are amended as per our recommendation above, it will then be arguable that consent will have been obtained for the collection by Health of their BP Information in the CVIP.

2.14 However, in order to ensure that the Patient is fully informed before giving their consent, it would be preferable if the BP could expressly display the relevant wording to the Patient, rather than the Patient needing to click through to, and then read, the relatively lengthy BP Privacy Policy and BP Privacy Notice to find out about this collection. We therefore **recommend** that Health explore whether it is feasible for wording similar to the following to be displayed to Patients:

If you proceed with this booking, your personal information will be collated and provided to your selected Healthcare Professional, and potentially also to the CVIP solution operated by the Commonwealth that is used by your Healthcare Professional to report your vaccination to the Australian Immunisation Register. You can find out more about this in our [privacy policy](#).

2.15 In addition, consent should also be able to be refused (i.e. to the extent possible it should not be 'bundled' with other consents) or withdrawn at a later stage. We understand that neither of these are likely to be practical in the circumstances (even if the BP solution could technically be amended so that Patients could select not to provide their Patient Information to the CVIP solution, this would defeat the intended purpose of the integration - because the Clinic Registration List would not be complete, the Vaccine Provider would still need to check and manually extract the relevant information from the BP solution and then compare this against the Clinic Registration List).

2.16 Given this, we suggest it is even more important that Patients be clearly told about the disclosure to, and collection by, the CVIP system so that they understand that this is an integral part of their consent (see our recommendation above).

2.17 Assuming that Patient consent is obtained, it will still be necessary for APP 3.3(a)(i) to be satisfied and ensure that the collected information is reasonably necessary for, or directly related to, one or more of Health's functions.

- 2.18 As set out in the Original PIA report, and the Phase 1b Update PIA report, Health's functions and activities include ensuring as smooth and seamless roll-out of the Vaccine Strategy as possible. In our view, this includes ensuring that systems and processes provided for use by Vaccine Providers facilitate efficient and effective administration of vaccinations. We therefore consider that, as a general principle, the collection of BP Information in the CVIP is reasonably necessary for, or directly related to that function.
- 2.19 However, it is also necessary to be satisfied that each piece of BP Information is needed for that function, so that the collection of the BP Information is consistent with the data minimisation principle. We note that not all of the information that provided by the Patient to the BP will be sent to the CVIP (e.g. the Patient's preferred name, email address and mobile phone number, and details about any other person making the booking on behalf of the Patient, will not be sent). We consider that not including this information in the BP Information is a privacy-enhancing feature.
- 2.20 We consider that it is appropriate that the BP Information include personal information that is required for the CVIP solution to search for the Patient in the AIR, or to create a new AIR record if the Patient does not have one. This will include the Patient's name, date of birth and Medicare card number.
- 2.21 We do note that these functions will only be relevant if the Patient actually attends for their booked appointment, and then has a vaccination administered (otherwise there is no need for their Patient Information to be reported to the AIR). We also note that the proposed integration will facilitate collection of a Patient record from the AIR in anticipation of the Patient attending (i.e. the proposed integration will change the current arrangements, under which an AIR record is only collected in the CVIP if the Patient has attended the Clinic).
- 2.22 While this is a risk, we note that in the majority of cases a Patient is likely to attend (particularly given the recent media attention on the potential shortage of vaccines and difficulties in obtaining appointments), and that the BP Information and any AIR record that is 'called up' but not used will be deleted shortly after the end of the day if it is apparent that the Patient does not attend, or if they attended but were unable to receive a vaccination (e.g. because they had an influenza vaccination within the 14 days prior to attending their COVID-19 vaccine). We note that the BP Information, and the AIR record, will still be collected so that they can be used for the purposes of the AIR. In these circumstances, we think that it is not unreasonable for the CVIP to collect the BP Information even though there is a risk that the Patient may not actually attend so that the collection would therefore not be needed.
- 2.23 As discussed above, we also note that the BP Information does include some Patient Information that is not needed for the purposes of the AIR. We are satisfied however that all of items these appear to be able to be justified as reasonably necessary for the Vaccine Provider to undertake its functions and activities associated with the vaccine rollout in an efficient and effective manner, and therefore that APP 3.3 is satisfied.
- 2.24 For completeness, we also consider that the proposed collection in the CVIP will not be inconsistent with APP 3.5, which requires that the collection must be by lawful and fair means. Collection of information is not lawful where it is in breach of legislation, would constitute a civil wrong, or is contrary to a court or tribunal order. We do not consider that there is any reason that the collection of Patient Information into the CVIP would not be by 'fair means', particularly if the above recommendations are implemented.
- 2.25 We also note that if these recommendations are implemented, so that the Patient will have consented to the collection, APP 3.6 will also be satisfied.

Collection of BP Information by Vaccine Provider

- 2.26 Vaccine Providers will be able to extract (download) the Clinic Registration List (containing the BP Information) from the CVIP to their own ICT systems. This will also be a collection of sensitive information.

- 2.27 For collection to be compliant with APP 3.3, the individual must have consented to the collection of their sensitive information and the information must be reasonably necessary for one or more of the entity's functions or activities.
- 2.28 As discussed in the Phase 1b Update PIA report, Patients will provide consent to the collection of their personal information when they use the BP. Both the BP Privacy Policy and the BP Privacy Notice clearly state that the Patient's personal information will be disclosed to health professionals (i.e. Vaccine Providers). In our view, the current wording is sufficient to authorise collection by the Vaccine Provider from the BP via the CVIP.
- 2.29 The discussion above in paragraphs 2.21 to 2.23 will also apply to justify the collection as being reasonably necessary for the functions and activities of the Vaccine Provider. In addition, we are satisfied that nothing suggests that this collection is by means that are unlawful or unfair (so that APP 3.5 will be satisfied), and that the Patient will have consented to the collection of their personal information from someone other than the Patient (so that APP 3.6 will be satisfied).
- 2.30 Therefore, if the above recommendations are implemented, we consider the collection of Patient Information by Vaccine Providers will be compliant with APP 3.

Collection of protected information as defined in the AIR Act

- 2.31 Finally, we note that there may be an issue if some BP Information is 'protected information' under the AIR Act. Personal information that is:
- 2.31.1 obtained under, or in accordance with, the AIR Act;
 - 2.31.2 derived from a record of information that is made under, or in accordance with, the AIR Act; or
 - 2.31.3 derived from a disclosure or use of information that was made under, or in accordance with, the AIR Act,
- will be 'protected information', and subject to the restrictions on making a record of, and on use and disclosure of, protected information in the AIR Act (see sections 22(2) and 23)).
- 2.32 To date, all information stored in the CVIP has been 'protected information'. This is because:
- 2.32.1 it is clear that all of the information that has been stored in the CVIP after retrieval from the AIR (i.e. a Patient's AIR record that is 'called up' from the AIR) is 'protected information'; and
 - 2.32.2 the other information that has been collected from the Patient in order to call up, or create, the Patient's AIR record, or which is otherwise entered into the CVIP by the Vaccinator after administration of the vaccine, is personal information that has been obtained under or in accordance with the AIR Act (i.e. it was collected for the purposes of including the information in the AIR, in accordance with section 22(1)).
- 2.33 In our view, the proposed integration will change this position, because while some of the BP Information will continue to satisfy the definition of 'protected information' because it will still have been obtained for the purposes of including it in the AIR, not all of the BP Information will meet this test – that is, the information discussed in paragraph 2.10 above will not have been obtained in order for it to be provided it to the AIR or for other purposes of the AIR, but rather to facilitate the effective and efficient administration of the Clinic.
- 2.34 For the BP information that is 'protected information', a record can only be made of it (and it can only be used or disclosed) if one of the circumstances set out in section 22(2) of the AIR Act applies.

- 2.35 We understand that Health is satisfied that section 22(2)(a) of the AIR Act will continue to operate to authorise the collection in the CVIP by Health of any BP Information which is protected information, where that information has been obtained for the purposes of inputting it into the AIR.
- 2.36 Under section 22(2)(a)(iv) of the AIR Act, a 'recognised vaccination provider' (i.e. the Vaccine Provider/Vaccinator) is permitted to make a record of, use, and disclose protected information, but only if they do so for the purposes of the AIR. While we consider this operates to permit use of the BP Information to search the AIR and to report to the AIR, we do not think that it operates to permit a Vaccine Provider to make a record of BP Information which is protected information, or use or disclose that information, for the purposes of Clinic administration (e.g. checking in Patients or confirming Patient bookings). This is because general Clinic administration does not fall within any of the purposes of the AIR, as set out in section 10 of the AIR Act.
- 2.37 Use and disclosure of protected information that is not authorised by section 22 of the AIR Act is an offence (with a penalty of 2 year imprisonment or 120 penalty units or both), unless (among other things), the use and disclosure is with the express or implied consent of the person to whom the information relates (i.e. the Patient).
- 2.38 We note that our recommendations above are designed to ensure that the Patient's consent is obtained to authorise the disclosure of all BP Information to the Vaccine Provider, and the Vaccine Provider's use of it for mandatory reporting to the AIR, but the proposed wording does not cover collection, disclosure and use for the purposes of Clinic administration.
- 2.39 Therefore, we **recommend** that Health:
- 2.39.1 further consider the form of consent obtained from Patients when using the BP, to ensure that the Patient expressly consents to the Vaccine Provider making a record of the Clinic Registration List, and all contemplated uses of the Clinic Registration List by the Vaccine Provider, if it is downloaded by the Vaccine Provider;
 - 2.39.2 alternatively, consider whether the making of a record and use of protected information by the Vaccine Provider are specified purposes that are, or could be, authorised by the Minister under section 22(3) of the AIR Act; or
 - 2.39.3 consider whether Vaccine Providers should not be permitted to download the Clinic Registration List from the CVIP at all, particularly if Vaccine Providers will be permitted to download additional information directly from the BP.

Disclosures and uses of Patient Information

- 2.40 The proposed integration of the CVIP and the BP will result in:
- 2.40.1 an additional new **use** of the Patient Information by HealthEngine (when it prepares the .CSV file containing the BP Information);
 - 2.40.2 the **disclosure** of the Patient Information from HealthEngine to Health (when the BP sends the BP Information to the CVIP);
 - 2.40.3 the **disclosure** of Patient Information from Health to the Vaccine Provider (when the Vaccine Provider or Vaccinator accesses the CVIP and views the BP Information; or when the Vaccine Provider or Vaccinator extracts (downloads) the Clinic Registration List containing BP Information);
 - 2.40.4 the **use** of the Patient Information in the CVIP by the Vaccine Provider or Vaccinator (when it uses the BP Information to search the AIR to call up an AIR record, or to create a new AIR record, for the Patient); and
 - 2.40.5 the **use** of the Patient Information to check-in Patients and for other purposes related to the administration of vaccinations.

- 2.41 Under APP 6.1, if personal information about an individual is collected for a particular purpose, then the entity that collected and holds that information must not disclose it for a secondary purpose unless the individual has consented or there is an exception available under APP 6.2 or APP 6.3.

Use of the Patient Information by HealthEngine and disclosure to the CVIP

- 2.42 The Phase 1b Update PIA report noted that the Patient Information collected through the BP has been collected for the primary purpose of facilitating the booking of an appointment to receive a COVID-19 vaccine. Further, the BP currently informs Patients that their personal information *'may be disclosed to health professionals that you [the Patient] have selected and their practise [sic] for the purpose of arranging appointments'* (from the BP Privacy Policy) and that the BP *'will disclose your personal information to Health Professionals so that health appointments can take place'* (from the BP Privacy Notice).
- 2.43 As discussed above, we have **recommended** that the BP Privacy Policy and the BP Privacy Notice be updated to make Patients aware of the new use by HealthEngine, and the new disclosure of their Patient Information to the CVIP, and obtaining informed consent to these uses and disclosures. This will mean that, even if these uses and disclosures are considered to be for secondary purposes, the Patient's consent will have been obtained.

Disclosure of BP Information in the CVIP to the Vaccine Provider

- 2.44 We consider that disclosure to, and use by the Vaccine Provider (including a Vaccinator) of the BP Information in the CVIP for the purposes of the AIR (i.e. using the information for the purposes of searching/creating a Patient record, and undertaking mandatory reporting to the AIR) is authorised by the AIR Act (section 22(1)). This means that these disclosures are therefore permitted under APP 6.2(b).
- 2.45 We consider that extraction and then use of the Clinic Registration List from the CVIP by the Vaccine Provider for the purposes of facilitating the Patient checking in for their appointment, and other purposes connected with the vaccination process, to be either within the scope of the primary purpose for collection (the Patient arranging an appointment with the Vaccine Provider), or something that Patients would reasonably expect (particularly if they are made aware of this as per our recommendations), which has a sufficiently close nexus so as to be directly related to the primary purpose. This means that these uses will be permitted under APP 6.2(a).
- 2.46 We note that, once contained in the Vaccine Provider's systems, Health will no longer have any control over the Vaccine Provider's use of the BP Information and therefore will be unable to take steps to ensure that it is not used for further (secondary) purposes. While some Vaccine Providers will be bound by the Privacy Act (as an 'organisation') and therefore be subject to limits on secondary uses of the BP Information, others may not.²⁶ Accordingly we **recommend** that Health, when determining whether there is a need for the integration of the BP and CVIP for a particular Vaccine Provider, to consider this issue and, if necessary, enter into appropriate arrangements with the Vaccine Provider that limits the use of the extracted BP Information to use for the purposes of the administration of vaccines to Patients, or for other specific situations (such as those in APP 6.2). Such arrangements could include obligations to only use the Clinic Registration List received from the BP:

- 2.46.1 for Clinic operation and administration in connection with COVID-19 vaccinations;
- 2.46.2 to de-identify the information as needed before disclosing it to anyone else; or
- 2.46.3 for other specified purposes agreed with Health

and to ensure anyone that they permit to have access to the Clinic Registration List also agrees to these limitations.

²⁶ For example, relevant South Australian government agencies would not be bound by the Privacy Act.

Use and Disclosure of Protected Information

- 2.47 For completeness, we note that the discussion in paragraphs 2.31 to 2.39 above also applies to the Vaccine Provider's use of the protected information.

Security, retention and quality of Patient Information

- 2.48 We note a potential risk that all authorised personnel of a Vaccine Provider will be able to see information about all of the Patients who have made a booking at that Clinic. While there is an inherent risk of more people being able to see Patient Information (currently a Vaccinator can only see information about a Patient who has provided them with a QR Code after they use the webform or who has provided them with their details; after the proposed integration a Vaccinator will be able to see all Patients in the Clinic Registration List). However, we note that steps have been taken so that authorised Provider Personnel from the Vaccine Provider can only see or download a Clinic Registration List containing BP Information about Patients who have booked at their Clinics (and not all Clinics).
- 2.49 We understand that Health (through the AHDA) has taken steps to ensure that the proposed integration will not affect the security of the CVIP solution, or the AIR.
- 2.50 As discussed above, after download of the Clinic Registration List, Health will have no ability to control the security of the BP Information. While some Vaccine Providers will be bound by the Privacy Act (as an 'organisation') and therefore be subject to an obligation to take reasonable steps to protect that information, others may not.²⁷
- 2.51 Accordingly, we **recommend** that Health, when determining whether there is a need for the integration of the BP and the CVIP for a particular Vaccine Provider, to consider this issue and, if necessary, enter into appropriate arrangements with the Vaccine Provider that contain obligations for the Vaccine Provider to:
- 2.51.1 store the BP Information (and any hard copy print outs) securely;
 - 2.51.2 store the BP Information within Australia, and not disclose it outside of Australia;
 - 2.51.3 not give, or allow anyone else to access, the BP Information, unless they are under similar obligations as the Vaccine Provider in relation to it; and
 - 2.51.4 delete the BP Information after an agreed period (so that it is not retained for longer than needed).
- 2.52 Finally, we note that the integrated solution will allow for information that is inputted into the BP, by the Patient or by a third party, which contains typographical or other errors (i.e. if the Patient changes address or updates their Medicare card) between making the appointment and attending the appointment), to be effectively corrected in the CVIP before being sent to the AIR²⁸. We consider this to be compliant with APP 10 and a privacy-enhancing feature.

²⁷ See footnote 26 above.

²⁸ We understand that the authorised Provider of the Vaccine Provider (including the Vaccinator) will be able to check details in the Clinic Registration List with the Patient on arrival, and if they are incorrect (so that a Patient's record cannot be found using those details), will be able to use the correct details to find the correct AIR record or create a new AIR record. The incorrect details will be deleted when the Clinic Registration List is deleted from the CVIP.

Section D Changes to handling of information related to the CVIP

Date of Analysis: 22 September 2021

1. Project Description

- 1.1 As discussed in Section E of the Phase 1a Update PIA report, Health is responsible for the implementation of the CVIP, but is working in very close conjunction with the ADHA as well as Services Australia, to deliver this component of the Vaccine Strategy. The CVIP App (which was developed as part of the CVIP solution) was intended to streamline the uploading of vaccination data into the AIR, with use being optional for Vaccine Providers (Vaccine Providers who already have their own systems that they use to transmit information to the AIR could continue to use those systems).
- 1.2 Since operationalisation of the CVIP (including the CVIP App), the role of the CVIP has been under consideration. In particular, Health has considered the extent to which it can disclose information collected through the CVIP to State and Territory health departments or agencies. This is because South Australia requested that it be provided with information (collected through the CVIP App) about Patients attending certain publicly-run vaccination clinics in South Australia (**SA Clinics**).
- 1.3 In this **Section D [Changes to handling of information related to the CVIP]** we have described the approach taken by Health to the disclosure of Patient Information collected through the CVIP to SA Clinics. If other State and Territory health departments or agencies also request that they be provided with Patient Information collected through the CVIP, we note that a number of the practical mechanisms and privacy risks and recommendations discussed in this **Section D [Changes to handling of information related to the CVIP]** are likely to apply. However, as the factual circumstances regarding each proposed disclosure are likely to be different, we **recommend** that before disclosing any Patient Information collected through the CVIP to State and Territory health departments or agencies, Health carefully consider the privacy implications of doing so.

Approach to disclosing Patient Information collected through the CVIP to SA Clinics

- 1.4 To facilitate this provision of information, it was proposed that the following would occur (in addition to the processes described in paragraphs 19.4.1 to 19.4.6 of Section E of the Phase 1b Update PIA report):
- 1.4.1 After a Vaccinator in an SA Clinic used the CVIP App to call up the Patient's details from the AIR (or to create a new AIR record), and enter the information that is collected for the purposes of, and required to be provided to, the AIR (**AIR Information**), the Vaccinator would use an optional drop-down menu to select one of a number of defined categories of eligibility (to receive a COVID-19 vaccine) that best reflected the category of eligibility into which the Patient falls (**Eligibility Information**).
- 1.4.2 This Eligibility Information, together with AIR Information, would be stored on the CVIP, where it would be retained for 24 hours.
- 1.4.3 Within the 24 hour period, the ADHA would access the CVIP and download all stored information about Patients who have attended a SA Clinic (this information would include both AIR Information and Eligibility Information).
- 1.4.4 The ADHA would store this information on its secure ICT systems, then compile it into reports. The reports would:
- (a) include an amalgamation of all information extracted from the CVIP; and

- (b) contain unit-level records with information about individual (identified) Patients.
- 1.4.5 The ADHA would allow access to these reports by 'SA Health' via the CVIP. The SA Health website indicates that this is a brand name for the health portfolio of services and agencies responsible to the South Australian Minister for Health, including the South Australian Department of Health and Wellbeing, but also a range of other networks, organisations and entities. For the purposes of this Phase 2a Update PIA report, we have assumed that access was proposed to be granted to individuals within the Department of Health and Wellbeing (**SA government**).
- 1.4.6 We understand that Health has satisfied itself that there is a genuine need for these reports (including the AIR Information and Eligibility Information) by the SA government, as they are important tools to support it in monitoring its implementation and the progress of the vaccine rollout, such as how many eligible people in a front-line health role have been vaccinated.

AIR Information protected by the AIR Act

- 1.5 The AIR Information was protected by the AIR Act (meaning that AIR Information could only be recorded, disclosed or used in a range of circumstances). Accordingly, under section 22(3) of the AIR Act, the Minister for Health made public interest certificates (**PICs**) to authorise specified classes of persons from the ADHA and the SA government to make a record of, disclose and otherwise use certain types of protected information (as defined in the AIR Act) for certain specified purposes (and the Minister for Health satisfied themselves that making such PICs was in the public interest).
- 1.6 The making of these PICs provided legislative authority for the collection, use and disclosure of AIR Information (about Patients and about Vaccinators) by the ADHA and the SA government (for the purposes of the APPs).

Changes to handling of AIR Information and Eligibility Information

- 1.7 It was understood that:
 - 1.7.1 the AIR Information and Eligibility Information would be personal information for the purposes of the Privacy Act;
 - 1.7.2 the AIR Information about a Patient would also be sensitive information, as it would contain health information;
 - 1.7.3 the AIR Information about a Vaccinator would be personal information, but not sensitive information; and
 - 1.7.4 some of the Eligibility Information would be sensitive information (as it could contain health information).
- 1.8 Accordingly, we understand that Health was satisfied that, under APP 3:
 - 1.8.1 the collection of both the AIR Information and Eligibility Information by Health (in the CVIP), for the purposes of provision to the SA government, was reasonably necessary for, and directly related to, one or more of Health's functions or activities;
 - 1.8.2 the collection of both the AIR Information and Eligibility Information by the ADHA, for the purposes of provision to the SA government, was reasonably necessary for, or directly related to, one or more of ADHA's functions or activities; and

- 1.8.3 either the consent of the Patient has been obtained, or another exception in APP 3.4 applies in relation to the handling of Eligibility Information (as legislative authority was provided for the handling of AIR Information (see paragraph 1.6 of this **Section D [Changes to handling of information related to the CVIP]**)).²⁹
- 1.9 In addition, the collected information should represent the minimum amount of data reasonably needed to undertake the relevant function or activity.
- 1.10 We understand that Health has considered whether provision of de-identified information or aggregated reporting to the SA government (or a more limited data set) would be sufficient for the intended purposes.
- 1.11 As only the collection of AIR Information would be authorised by law (i.e. the AIR Act) by virtue of the PICs (meeting the requirements of APP 3.4(b)), it was necessary to obtain Patient consent to the collection of Eligibility Information (as this information would include sensitive information).
- 1.12 Accordingly, we understand that a consent model was adopted, with the following process implemented at the time a Vaccinator obtains a Patient's clinical consent to receive a COVID-19 vaccine:
- 1.12.1 if a Vaccinator is required to record Eligibility Information, the Vaccinator would need to first verbally ask the Patient for their consent for this (using guidance wording provided as a pop up in the CVIP App), and:
- (a) if the Patient provides their consent, select in the CVIP App that the Patient provided their consent, and once this is selected, then record the main reason for why the Patient was eligible to receive a COVID-19 vaccine (i.e. the Eligibility Information); or
 - (b) if the Patient does not provide their consent, indicate this by selecting 'Details not required / Did not consent' in the CVIP App; and
- 1.12.2 if a Vaccinator is not required to record Eligibility Information, the Vaccinator would need to select 'Details not required / Did not consent'.
- 1.13 We also understand that the wording in the long-form CVIP Privacy Notice (available online)³⁰ was updated to reflect the new collections, uses and disclosures of personal information (including sensitive information) in relation to the CVIP App.

2. Privacy impact analysis and compliance

Consent to collect, use and disclose Eligibility Information

- 2.1 For the purposes of meeting the requirements of APP 3, we consider it appropriate that Patients be required to provide their consent before their Eligibility Information is able to be collected, used and disclosed.
- 2.2 When weighing up whether Patients should be asked to provide their written consent (after being provided with a collection and consent notice) or provide their oral consent (after being provided an oral statement by the Vaccinator), it is important to note that:

²⁹ We note that the SA government would also need to have been satisfied that its collection of the information complied with any applicable privacy laws (noting that the Privacy Act would not apply to it).

³⁰ See: <https://www.health.gov.au/using-our-websites/privacy/collection-notice-for-the-clinician-vaccine-integrated-platform-cvip>.

- 2.2.1 not all Patients will register themselves for the CVIP App (meaning that if a written collection and consent notice is provided to Patients in the CVIP App, this means that consent will not be collected from Patients who do not register themselves, such as those who instead provide their details directly to their Vaccinator); and
 - 2.2.2 a Patient is unable to self-nominate their Eligibility Information (and this can only be provided and submitted by the Vaccinator).
- 2.3 Noting the above, when a Vaccinator pulls up a Patient's AIR record to record details related to a COVID-19 vaccine (including the Patient's clinical consent to receive a COVID-19 vaccine), we consider that it would be appropriate for the Vaccinator to, at this point in the process, obtain a Patient's verbal consent to the collection, use and disclosure of their Eligibility Information (once the Vaccinator reads out the appropriate information in order to obtain a Patient's consent). We consider it privacy enhancing that the Vaccinator must record whether a Patient provides their consent or not before they can proceed with using the CVIP App.
- 2.4 Accordingly, we **recommend** that Health ensure that Vaccinators be provided with appropriate guidance and clear, tailored communications to explain the changes that are being made to use of the CVIP (including potential reporting of Eligibility Information), so that:
- 2.4.1 it is clear to Vaccinators who are required to record Eligibility Information (i.e. SA Clinics):
 - (a) what the Vaccinator needs to tell a Patient in order to obtain a Patient's informed consent in relation to the collection of Eligibility Information, such as what information is being collected, and why it needs to be collected; and
 - (b) that a Patient does not need to provide their consent if they do not wish to (and if they do so, that the Vaccinator should record this by selecting 'Details not required / Did not consent' in the CVIP App); and
 - 2.4.2 it is clear to Vaccinators who are not required to record Eligibility Information that they do not need to collect Eligibility Information and should select 'Details not required / Did not consent' in the CVIP App (this is particularly important to ensure that Health does not collect information about Patients that does not need by virtue of Vaccinators (who are not SA Clinics) entering this information in the CVIP App).
- 2.5 We consider it would also be privacy enhancing and adopting openness and transparency if, as part of implementing the above recommendation, Vaccinators were also encouraged to inform Patients about the fact that the SA government (or other governments, as relevant), would also receive some of the Patient's AIR Information (irrespective of whether they provided their consent in relation to their Eligibility Information).
- 2.6 We also **recommend** that Health consider whether it would be technically possible to implement a mechanism for a Patient to withdraw their consent in relation to their Eligibility Information, if they wish to do so at a later stage.
- 2.7 The process for a Patient to withdraw their consent should be an easy and accessible and if a Patient were to withdraw their consent, this would mean that their Eligibility Information would not be able to be extracted by the ADHA from the CVIP, and then included in the reports made available to the SA government.

Arrangements between Health, ADHA and the SA government

- 2.8 Given the sensitivity of AIR Information and Eligibility Information, we **recommend** that Health ensure it has appropriate contracts, MOUs or other arrangements in place with the ADHA and the SA government to protect and govern the handling of AIR Information and Eligibility Information. Such arrangements should include:
- 2.8.1 clear obligations regarding how AIR Information and Eligibility Information can be used and further disclosed by the SA government (noting that the protections in the AIR Act and the Privacy Act will not apply);
 - 2.8.2 clarity about the services to be provided by the ADHA (including relevant security obligations);
 - 2.8.3 procedures for Patients to be able to find out further information on how their AIR Information and Eligibility Information is being handled by the SA government (and the role of the ADHA in provision of this information);
 - 2.8.4 procedures for Patients to be able to, and be informed of how to, withdraw their consent;
 - 2.8.5 obligations so that no further use or disclosure of AIR Information and Eligibility Information by the ADHA and the SA government occur after consent is withdrawn; and
 - 2.8.6 appropriate Eligible Data Breach provisions (as defined in the Privacy Act).

Section E Introduction of data sharing from Commonwealth systems to Health and State and Territory health agencies

Date of Analysis: 22 September 2021

1. Project Description

- 1.1 The Phase 1b Update PIA report contemplated the disclosure of Vaccine Strategy Information from Commonwealth systems to Health, including the disclosure of information from the:
 - 1.1.1 RYI platform;
 - 1.1.2 COVID-19 Vaccine Administration System (**CVAS**);
 - 1.1.3 CVIP; and
 - 1.1.4 BP.
- 1.2 We understand that as part of this Phase 2a of the Vaccine Strategy, Health will continue to use and store Vaccine Strategy Information. Further, under this Phase 2a, Health may make Patient Information collected in the BP available to jurisdictional health agencies (i.e. State and Territory health departments and agencies). Patient Information will be disclosed to enable jurisdictions to undertake:
 - 1.2.1 clinical administration of the COVID-19 vaccine rollout in the relevant State or Territory (i.e. capacity planning, supply of doses etc.);
 - 1.2.2 to undertake data analytics for the COVID-19 rollout (i.e. appointments booked versus actual doses administered); and
 - 1.2.3 monitoring and reporting on clinic utilisation.

Data sharing from Commonwealth systems to Health

- 1.3 As noted above, sharing data from Commonwealth systems to Health has been contemplated in the earlier Phase 1b Update PIA report.
- 1.4 We do not consider that there are any changes to the flows of information, or the kinds of information that is being collected and used by Health. As such, we have not considered data sharing from Commonwealth systems to Health any further.

Data sharing from Commonwealth BP to jurisdictional health agencies

- 1.5 Set out below, is a summary of the information flows that will result from the disclosure of Patient Information from the BP to jurisdictional health agencies.
- 1.6 For the purposes of this **Section E [Introduction of data sharing from Commonwealth systems to Health and State and Territory health agencies]**, we will use the South Australia health department (**SA Health**) as our example, as we understand that SA Health has requested additional information be made available from the BP. While no other jurisdictional health agencies have made a similar request at the time of writing this Section, we understand that Health is considering making this information available to all jurisdictional health agencies.

Step 1: Patient Information is collected by the BP (out of scope)

- 1.7 We understand that it is intended that the Patient Information that is collected from a Patient, or from an individual who books an appointment on the Patient's behalf, remains unchanged from the Phase 1b PIA Update report
- 1.8 Therefore, we have not considered the collection of Patient Information by the BP further in this **Section E [Introduction of data sharing from Commonwealth systems to Health and State and Territory health agencies]**.

Step 2: Patient Information is held by the BP (out of scope)

- 1.9 Once the information has been collected by the BP, the Patient Information and **Third Party Information** (if an individual makes a booking on behalf of a Patient) will be stored on the BP's cloud environment. The cloud environment is hosted on secure servers located in Australia, in an encrypted, electronic format.
- 1.10 We understand that the BP will only retain Patient Information for a reasonably short period of time (i.e. long enough for it to be transferred to the CVIP – as discussed at **Section C [Integration of the Commonwealth-Procured Booking Platform (BP) and the Clinician Vaccine Integrated Platform (CVIP) solution]** above). Patient Information will be deleted unless there has been a legal complaint or there is some other legal purpose for retaining Patient Information.
- 1.11 The way that Patient Information and Third Party Information is stored remains unchanged from the Phase 1b PIA Update report. Therefore, we have not considered the storage of Patient Information by the BP further in this **Section E [Introduction of data sharing from Commonwealth systems to Health and State and Territory health agencies]**.

Step 3: SA Health accesses and downloads Patient Information held by the BP

- 1.12 We understand that SA Health would like its data team (**SA Data Team**) to access all Patient Information and Third Party Information stored in the BP and download a .CSV file with the Patient Information of Patients that have booked an appointment at an SA Clinic.
- 1.13 The information to be included in the .CSV file downloaded by SA Health will include:
- 1.13.1 information about the Patient, including the Patient's:
 - (a) full name;
 - (b) date of birth;
 - (c) contact information (including email address and phone number);
 - (d) residential address;
 - (e) Medicare card details (including Medicare card number, IRN, and expiry date) or if they did not use a Medicare card to make a booking;
 - 1.13.2 information about the appointment, including:
 - (a) the date and time of the appointment;
 - (b) whether the Patient is a new Patient at the clinic; and
 - 1.13.3 information about the booking (including when the booking was made, the preferred doctor, cancellation information – if the booking is cancelled).
- 1.14 As noted above, the information provided at paragraph 1.13 is sensitive information (being health information under section 6FA of the Privacy Act).

- 1.15 This **Step 3** will involve:
- 1.15.1 a **disclosure** of Patient Information to SA Health; and
 - 1.15.2 a corresponding **collection** of Patient Information by SA Health.

Step 4: SA Health uses Patient Information

- 1.16 SA Health will **use** the Patient Information to deidentify Patients and to link the deidentified information with the information that is being collecting from the CVIP.
- 1.17 The linked dataset will then be **used** by the SA Data Team to create de-identified reports on overall use and operation of the SA Clinics for long-term planning and reporting activities, including to:
- 1.17.1 assist with SA Clinic capacity planning and operation, including assisting in decisions about:
 - (a) whether to establish new SA Clinics;
 - (b) whether to provide additional staff at existing SA Clinics; and
 - (c) whether to facilitate additional vaccine doses and consumables being available at specific SA Clinics;
 - 1.17.2 cross-check booking numbers with Patients who do not attend an appointment, reconcile information on vaccine dosage wastage reports against the vaccination numbers given (as received from the CVIP); and
 - 1.17.3 report on the uptake of second doses of vaccine.
- 1.18 This **Step 4** will result in a new **use** of Patient Information.

2. Privacy impact analysis and compliance

- 2.1 As noted in paragraph 1.6 above, we understand that SA Health has requested additional information be made available from the Commonwealth BP. While no other jurisdiction health agencies have made a similar request at the time of writing of this Section, we understand that Health is considering making this information available to all jurisdictional health agencies. Therefore, for the purposes of this **Section E [Introduction of data sharing from Commonwealth systems to Health and State and Territory health agencies]** we will be conducting privacy impact analysis based on disclosure of Patient Information from the BP to SA Health.
- 2.2 The disclosure of Patient Information from BP to SA Health (and the other State and Territory health departments) will mean that the:
- 2.2.1 BP will **collect** Patient Information from Patients and third parties (i.e. people that provide Patient Information on behalf of Patients);
 - 2.2.2 BP will **disclose** Patient Information to SA Health;
 - 2.2.3 SA Health will **collect** Patient Information; and
 - 2.2.4 SA Health will **use** Patient Information.

Transparency and openness regarding the handling of Patient Information

- 2.3 In accordance with APPs 1 and 5, when individuals provide their personal information, or the personal information of another individual, they must be made aware of how the personal information that they provide will be handled. That is, the handling of information must be open and transparent.
- 2.4 We have reviewed the BP's Privacy Policy and Privacy Notice, and note the BP:
- 2.4.1 currently informs Patients that their personal information '*may be disclosed to health professionals that you [the Patient] have selected and their practise [sic] for the purpose of arranging appointments*' (from the BP Privacy Policy) and that the BP '*will disclose your personal information to Health Professionals so that health appointments can take place*' (from the BP Privacy Notice); but
- 2.4.2 is silent on any disclosure of Patient Information to State or Territory health agencies.
- 2.5 We consider that Patients, and those booking on the Patient's behalf, must be clearly informed about any potential disclosure to the relevant State or Territory health agency (particularly as this is a potential disclosure for a purpose which is not the primary purpose for collection). As such, we **recommend** that the:
- 2.5.1 BP Privacy Policy be amended, in accordance with APP 1.4(c), to include information regarding the:
- (a) disclosure of the Patient's personal and sensitive information to State and Territory health agencies; and
 - (b) the purposes of the disclosure of Patient Information (i.e. to inform administration of government-run clinics and for monitoring/reporting purposes).
- 2.5.2 BP Privacy Notice be amended, in accordance with APP 5.2(f), to make Patients (and third parties) aware that the BP will disclose Patient Information to State and Territory health agencies.

Disclosure of Patient Information by the BP to SA Health

- 2.6 In accordance with APP 6, an APP entity that holds personal information for a primary purpose must not disclose that information for a secondary purpose unless the individual has consented to the disclosure (APP 6.1(a)) or an exception under APP 6.2 or 6.3 applies.
- 2.7 We note that currently the BP Privacy Notice expressly provides that the BP '*will not disclose your personal information for secondary purposes*'. We **recommend** that the wording of the BP Privacy Notice be amended (i.e. delete the wording regarding secondary purposes) as there will be new uses and disclosures of Patient Information resulting from the Phase 2a rollout of the Vaccine Strategy.
- 2.8 We consider the primary purpose for collection of Patient Information by the BP is to facilitate the booking of appointments to receive a COVID-19 vaccine. Taking into account the purposes for disclosure and use, as set out at paragraphs 1.2 and 1.17, above, we consider that the disclosure of Patient Information to SA Health (and other State and Territory health agencies) would clearly be a disclosure for a secondary purpose.
- 2.9 Disclosure by the BP, for a secondary purpose, will be permissible if the Patient has consented to the disclosure (APP 6.1(a)). Presently, given that the Privacy Policy and the Privacy Notice are silent regarding the disclosure of Patient Information to State and Territory health agencies, we consider that the BP cannot rely on Patient's consent.

- 2.10 Therefore, we **recommend** that Health work with the BP to change the consent wording displayed to Patients when they use the BP, to also include express consent the disclosure of their Patient Information to the relevant State or Territory agency responsible for implementation of the vaccine roll-out (which would include the SA Health).
- 2.11 As noted, in the APP Guidelines, an APP entity shouldn't infer consent simply because it provided an individual with notice of a proposed collection, use, or disclosure of personal information.³¹ Therefore, we consider it would be best practice for Health and the BP to seek express consent from the Patient, to the disclosure of their personal and sensitive information for a secondary purpose. For a Patient's consent to be considered valid consent it must meet four elements:
- 2.11.1 consent must be given voluntarily;
 - 2.11.2 the Patient must be adequately informed before giving consent;
 - 2.11.3 consent must be current and specific; and
 - 2.11.4 the Patient must have the capacity to understand and communicate their consent.

Voluntary consent

- 2.12 Consent is voluntary if an individual has an opportunity to provide or withhold consent. Further, it is best practice to avoid bundling consent. This is because the practice of bundling consent has the potential to undermine the voluntary nature of the consent.³² Therefore, to ensure consent is voluntary, we **recommend** that Health and the BP work together to ensure that:
- 2.12.1 Patients are able to refuse to give their consent – if this is not technically possible/practicable (i.e. it will not be possible for Patients to refuse consent in which case their details will not be made accessible to the SA Data Team), there is a risk that the consent may not be considered voluntary, and therefore invalid; and
 - 2.12.2 consent is not inappropriately 'bundled' with other consents (for example, that it is not bundled with consent to disclose Patient Information to clinics and the CVIP).

Informed consent

- 2.13 For consent to be properly informed, the Patient must be properly and clearly informed about how their personal information will be handled. The information should be written in plain English, without legal or industry jargon.

Current and specific consent

- 2.14 Given that consent will likely be sought at the time the booking is made (i.e. at the time the information is collected) we consider that consent will be current.
- 2.15 In addition, consent must not be broader than is necessary. That is, consent should be sought to disclose to the State and Territory health agency of the Patient's jurisdiction. Consent should not be sought to disclose to government agencies in general.
- 2.16 We consider that if Health works with the BP to ensure that:
- 2.16.1 consent continues to be sought at the time the booking is made; and
 - 2.16.2 consent is specifically sought to disclose Patient Information to State and Territory health agencies,

then consent will satisfy the requirements of current and specific consent.

³¹ APP Guidelines, Chapter B: Key Concepts, paragraph B.39.

³² APP Guidelines, Chapter B: Key Concepts, paragraph B.46.

Capacity:

- 2.17 For a consent to be valid, the person giving the consent must have capacity to understand the nature of the consent, form a view based on reasoned judgement, and communicate that consent. Consent may be an issue if, for example, the individual is a minor, has a physical or mental disability, or limited understanding of English.

Age:

- 2.18 Guidance from the OAIC indicates that, if it is not practical for an APP entity to assess the capacity of individuals under the age of 18 on a case-by-case basis, it may presume that an individual 15 years and over has sufficient capacity to consent (unless the APP entity is aware of circumstances which would alter that presumption), and conversely, it should not be presumed that an individual aged under 15 years has capacity to give consent.

- 2.19 We refer to **Section B [Expansion of eligibility to use the Booking Platform (BP) to Patients under 18 years of age]** of this Phase 2a Update PIA report for an analysis of the privacy issues arising in respect of Minors seeking to book a COVID-19 vaccine through the BP.

Disability and CALD community access:

- 2.20 In accordance with usual Commonwealth practice, Health and the BP should ensure that the consent sought meets best practice accessibility requirements, which will facilitate those with a disability, or those from culturally and linguistically diverse communities, being able to understand the form of consent which is displayed to them.
- 2.21 We note that in the current form for collection of Patient Information, and consent, there is an ability for a legal guardian or other authorised person (other than the Patient), to provide consent on behalf of that Patient who is unable to provide consent in their own right. Therefore, we consider that consent will be compliant with the requirements for capacity.
- 2.22 In the alternative, if Health and the BP do not wish to seek express consent from the Patient, or they consider that it is not reasonably practical to obtain express consent, then the BP may wish to consider relying on there being a 'permitted general situation' under APP 6.2(c) that authorises the disclosure to SA Health.
- 2.23 Under Item 1 in the table in section 16A(1) of the Privacy Act, a permitted general situation will exist if the APP entity reasonably believes that the disclosure is necessary to lessen or prevent a serious threat to, among other things, public health. It could be argued that disclosure to SA Health is necessary so that SA Clinics can operate as effectively and efficiently as possible, to ensure that vaccination of the public can occur as quickly as possible, in order to minimise the devastating effects of the COVID-19 pandemic. However, this item will only apply if it is also unreasonable or impractical to obtain the individual's consent. We consider that it will be difficult to justify that seeking consent is unreasonable or impractical in the circumstances where consent is already being sought from Patients as part of the booking process.
- 2.24 For completeness, we do not think that the exception in APP 6.2(a) could readily be used to justify the disclosure of information by the BP to SA Health as it may be difficult to justify the disclosure as being "directly related" to the making of the appointment.
- 2.25 We therefore **recommend** that Health explore whether it would be technically feasible for a Patient, when providing their consent as part of using the Booking Platform, to be able to consent to their personal information being provided to the relevant Clinic, but indicate that they do not want it to be disclosed to the relevant State or Territory agency(s) responsible for implementation of the COVID-19 vaccine roll-out (and for State/Territory entities such as SA Data Team to not have access to information about such Patients).

Collection of Patient Information by SA Health

- 2.26 We note that the Privacy Act, and therefore the APPs, will not apply to the collection or any use or any further disclosure of that personal information by State or Territory health agencies (the relevant jurisdictions legislation or Cabinet issued directions, for example, privacy instructions issued by the South Australian Cabinet will instead apply). Nevertheless, we consider that as best practice implementation of the data minimisation principle, Health should consider whether all of the Patient information in the .CSV files is reasonably necessary for the required use by SA Health (and other State and Territory health agencies).
- 2.27 Given the intended uses of the information in the .CSV file, we think that all of the personal information types are likely to be reasonably necessary to achieve the intended outcomes, with perhaps the exception of the 'third party booking information'. It is not clear why Third Party Information would be required for the intended uses as set out at paragraphs 1.2 and 1.17 above. Therefore, we **recommend** Health consider whether all information requested by SA Health is reasonably necessary, or whether some information should be excluded from .CSV files downloadable by the SA Health (and other State or Territory health agencies). We consider that not all Patient Information should be provided, unless the relevant jurisdiction is able to clearly justify why this information is reasonably necessary.

Use of Patient Information by SA Health

- 2.28 As noted above, the Privacy Act (and the APPs) will not apply to the uses proposed by SA Health, this means that information held by the relevant State or Territory government may potentially be used, for example, to apply adverse consequences to Patients who book, but do not attend, an appointment to receive a COVID-19 vaccine.
- 2.29 Accessing, downloading and using Patient Information contained in the .CSV files will also mean that the State or Territory government will hold information about the precise appointment time and booking time. This information could potentially be used to locate a Patient (particularly if it was later linked to CVIP information, as proposed, and that information confirms the vaccination took place on that day). Such potential uses are likely to raise significant community concerns noting, in particular, recent media reports about police accessing COVID check-in information in Western Australia, and the erosion in community trust and confidence as a result.
- 2.30 In the absence of the protections of APP 6 of the Privacy Act, Health may wish to consider obtaining further assurances from the State and Territory health agencies that will act to restrict the uses and disclosures of Patient Information received from the BP. For example, we **recommend** that Health seek assurances, potentially in the form of an MOU, that Patient Information collected from the BP will only be used to create aggregated or properly de-identified reports, which will be used for Clinic operation and planning purposes only, and that it will not be used for any enforcement activities or in a manner that would involve adverse consequences for a Patient.
- 2.31 Further, we note that the proposed uses of the .CSV file involves linking Patient Information to the information received from the CVIP (as discussed at **Section C [Integration of the Commonwealth-Procured Booking Platform (BP) and the Clinician Vaccine Integrated Platform (CVIP) solution]**). We understand that the information received from the CVIP will contain 'protected information' as defined in the AIR Act.
- 2.32 We therefore **recommend** that Health satisfy itself that, in regard to the proposed use by SA Health, this use will be authorised by the Minister under section 22(3) of the AIR Act.
- 2.33 We understand that SA Health is not using, and does not intend to use, an accredited integrating authority (under the Commonwealth statistical data integration arrangements) to undertake the linkage process. Accordingly, we **recommend** Health seek assurances that SA Health (and other State or Territory agencies) will apply a 'Five Safes' decision-making process, and will document the outcomes, to support any decision that it is appropriate to release of the Patient Information from the BP to SA Health for that linkage to occur.

- 2.34 Finally, we note that SA Health has indicated that it will use the linked dataset to create aggregate or de-identified reports. We **recommend** that Health seek assurances from SA Health (and other State or Territory agencies), that the de-identification techniques that will be used will reduce the risks of re-identification to a sufficiently low level (noting that simply removing Patient direct identifiers in such reports would not necessarily be sufficient).

Security of Patient Information

- 2.35 In accordance with APP 11.1, an APP entity that holds personal information must take reasonable steps to protect the personal information from misuse, interference and loss, from unauthorised access, modification and disclosure.
- 2.36 In order to ensure compliance with APP 11, we **recommend** that Health seek assurances from SA Health (and other State or Territory health agencies) that it will:
- 2.36.1 store the .CSV files (and any hard copy print outs) securely;
 - 2.36.2 only be able to access information about Patients who have booked into a Clinic in the relevant jurisdiction (and not Patients who have made appointments in other jurisdictions);
 - 2.36.3 not give, or allow anyone else to access, the .CSV file information; and
 - 2.36.4 delete the .CSV files after they are no longer needed.

Part F GLOSSARY

Definitions	
7CPA	means the Seventh Community Pharmacy Agreement between Health and the PPA.
ADHA	means the Australian Digital Health Agency.
AIR	means the Australian Immunisation Register.
AIR Act	means the <i>Australian Immunisation Register Act 2015</i> (Cth).
AIR Information	means the information that is collected for the purposes of, and required to be provided to, the AIR.
API	means an Application Programming Interface.
APP, or Australian Privacy Principle	has the meaning given to it in the Privacy Act.
APP Guidelines	means the <i>Australian Privacy Principles Guidelines</i> , issued by the OAIC.
Booking Platform or BP	means the Commonwealth-Procured Booking Platform, through which individuals are able to make online bookings to receive a COVID-19 vaccine with a Vaccine Provider (where that Vaccine Provider does not otherwise have an online booking system and wishes to use the BP).
BP Information	means personal information (including sensitive information) collected via the BP.
Clinic	means a clinic operated by a Vaccine Provider.
Clinic Registration List	means the list of all Patients who have booked to receive a COVID-19 vaccination with a Vaccine Provider in a particular Clinic on a particular day.
COVID-19	means the coronavirus disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
CP	means a community pharmacy.
CVAS	means the COVID-19 Vaccine Administrative System, which is Health's system for procuring, ordering and distributing vaccines to States and Territories, facilitating the management of supply chains for all vaccines procured by the Commonwealth.
CVIP	means Clinician Vaccine Integrated Platform which is the solution, including the CVIP App, which has been designed in order to assist Vaccine Providers/Vaccinators to transmit and input relevant Vaccine Strategy Information into the AIR.
CVIP App	means the mobile application that forms part of the CVIP solution.
Eligibility Information	means information about which defined category of eligibility (to receive a COVID-19 vaccine) best reflects the category into which a Patient falls.

Definitions	
Eligible Data Breach	has the meaning given in the Privacy Act.
GP	means a General Practitioner.
Health	means the Commonwealth Department of Health.
HealthEngine	means HealthEngine Pty Ltd.
IRN	means the Individual Reference Number on a Medicare card.
Minors	means a Patient under 18 years of age.
MOU	means a memorandum of understanding.
OAIC	means the Office of the Australian Information Commissioner.
organisation	has the meaning given by section 6C of the Privacy Act.
Original PIA	means the PIA in relation to Phase 1a of the implementation of the Vaccine Strategy, completed in February 2021.
Partners	means the entities contracted by Health to assist with the vaccine roll-out.
Patient	means an individual wishing to receive a vaccine for COVID-19.
Patient Information	means information collected about a Patient, which may include personal information (including sensitive information).
personal information	has the meaning given in section 6 of the Privacy Act.
Phase 1b Update PIA	means the PIA in relation to Phase 1b of the implementation of the Vaccine Strategy, completed in March 2021.
Phase 2a Update PIA	means this PIA in relation to various changes and new functionality introduced as part of Phase 2a of the implementation of the Vaccine Strategy.
PIA	means privacy impact assessment.
PIA Guide	means the <i>Guide to undertaking privacy impact assessments</i> , published by the OAIC.
PIC	means a Public Interest Certificate issued under section 22(3) of the AIR Act.
PPA	means the Pharmacy Programs Administrator contracted by Health under the Seventh Community Pharmacy Agreement.
Privacy Act	means the <i>Privacy Act 1988</i> (Cth).
Privacy Notice	means a collection notice that contains the matters required by APP 5.2.
Privacy Policy	means a privacy policy that includes the matters required by APP 1.4.

Definitions	
PRODA	means Provider Digital Access, an online identity verification and authentication system that allows secure access to particular Commonwealth government online services.
Provider Personnel	means the Vaccine Provider's personnel.
RYI or RYI solution	means the 'Register your Interest' solution, which allows members of the public to choose to be contacted when the future Phase in which they will be eligible to make a booking to receive a vaccine will commence.
SA Clinics	means publicly-run vaccination clinics in South Australia
SA Data Team	means the team of that name within SA Health.
SA government	means individuals within the South Australian Department of Health and Wellbeing.
SA Health	means the South Australian health department.
sensitive information	has the meaning given by section 6 of the Privacy Act.
Services Australia	means the Commonwealth executive agency of that name.
Third Party Information	means personal information collected about an individual who makes a booking on behalf of a Patient through the BP.
Vaccinator	means a Provider Personnel who will administer a COVID-19 vaccine to a Patient.
Vaccine Administrator	means the provider contracted by Health who will provide vaccine administration services, on an 'as required' basis, to supplement delivery of the vaccines by other entities, including to particular priority and other vulnerable or hard to reach populations or communities, or in other circumstances where an additional workforce is required. The Vaccine Administrator may be a Vaccine Provider for particular locations.
Vaccine Provider	means the entity responsible for operating the site at which the COVID-19 vaccines will be administered to Patients. The Vaccine Administrator may be a Vaccine Provider.
Vaccine Strategy	means the COVID-19 Vaccine and Treatment Strategy and the COVID-19 Vaccine National Roll-out Strategy, currently being implemented as part of the Australian Government's response to the COVID-19 pandemic.
Vaccine Strategy Information	means any Patient Information, Vaccinator Information, other Provider Personnel Information, and Distribution Partner Personnel Information collected under the Vaccine Strategy.