

# SA Rheumatic Heart Disease Register

## SA RHD Register Access Policy statement

The South Australian Government collects and safeguards client/patient data in accordance with the South Australian "Code of Fair Information Practice, 2004" and Australian Government Privacy Act, 1988. Data on the SA RHD Register will be treated as confidential. It will be collected, protected, used and disclosed only as stated on the patient fact sheet and consent form.

### Who can have access to the Register?

- > SA RHD Control Program staff
- > Health professionals involved in the direct care of patients on the SA RHD Register including Aboriginal health workers, registered nurses, primary health care staff, General Practitioners and other medical specialists
- > Only SA Health employees can access the SA RHD Register as it is hosted on the SA Health internal sever.

### What is the process to gain access to the Register?

- > Contact the SA RHD Control Program in SA
- > Read this policy statement thoroughly
- > If you agree with the terms set out in this document complete the attached application form and send to the SA RHD Control Program staff, who will assess the applications
- > You will be advised of the outcome of the application
- > If successful, the SA RHD Control Program staff will provide you with the link to access the Register. You will need to use your HAD log in details for your username and password

### In order to protect the privacy of information on the Register, users are required to adhere to the following principles:

- > Do not disclose the link to the Register
- > Only utilise the information stored on the Register in the interest of direct care or coordination of care of clients.
- > Advise SA RHD Control Program staff if you see any data that is incorrect.
- > Advise SA RHD Control Program staff if you will be leaving your position or moving to another site.
- > Do not disclose or utilise the information on the Register for the purposes of research without prior approval from the SA RHD Program Advisory Group, and appropriate ethics committees. Communication to occur via SA RHD Control Program staff.

To contact the SA RHD Control Program

Call: 08 7425 7146

Email: [rhd@sa.gov.au](mailto:rhd@sa.gov.au)



# SA Rheumatic Heart Disease (RHD) Register

## SA RHD Register Access Application form

| Rheumatic Heart Disease Register Access Application  |             |  |            |
|--|-------------|--|------------|
| Fax Completed form to: 08 7425 6697  |             |  |            |
| DATE:  | GIVEN NAME: | SURNAME:   | TELEPHONE: |
| WORK LOCATION:   |             | EMAIL:   | HAD ID:    |
| CARE PROVIDER ROLE   |             | <p>I have read and understand the SA RHD Register Access Policy statement.</p> <p>I am aware of my obligations not to divulge information to any unauthorised persons in compliance with the SA RHD Register Access Policy.</p> <p style="text-align: center;"><b>YES / NO</b></p> |            |
| <input type="checkbox"/> Administrative<br><input type="checkbox"/> Aboriginal Health Worker<br><input type="checkbox"/> Nurse<br><input type="checkbox"/> Public Health Nurse<br><input type="checkbox"/> General Practitioner<br><input type="checkbox"/> Cardiologist<br><input type="checkbox"/> Paediatrician<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Dentist<br><input type="checkbox"/> Other (specify) _____ |             |  |            |
| <input type="checkbox"/> I have permanent on-going employment at this site.<br><input type="checkbox"/> My employment contract ceases on: _____  |             |  |            |
| APPLICANT'S SIGNATURE:   |             |  |            |
| YOUR MANAGER'S AUTHORISATION ( <i>Mandatory Field</i> )  |             |  |            |
| As the Supervisor/Manager for this applicant, I authorise this applicant to have access to the RHD Register  |             |  |            |
| NAME: ( <i>printed</i> )   |             | SIGNATURE:   | DATE:      |
| POSITION   |             | TITLE:   | PHONE:     |