

## 8 Anonymity (HPP 13)

Wherever it is **lawful and practicable**, individuals must be given the opportunity to not identify themselves when entering into transactions with or receiving health services from an organisation.

Patients may seek to obtain services anonymously in cases where sensitive issues arise, such as counselling and drug use issues, or attending sexual health clinics, or provision of general medical information about lifestyle choices. Health services may provide specific clinics to deal with these issues in an anonymous way. In this context, for a health service to treat a patient anonymously means that the health service does not retain any identifying information about the patient.

In some circumstances such as where a person may be at serious risk of harm, the patient (or police) may request anonymity. In these circumstances the use of alias, or 'disguised identity' is usually a more appropriate approach, given the duty of care and clinical safety needs for the patient. (See Section 8.3 Use of alias or 'disguised identity'.)

HPP 13 does not require services to be provided anonymously in all circumstances. Health staff need to consider both the lawfulness of such a request, and its practicability before doing so.

### 8.1 When providing a service anonymously may be impracticable

There may be a range of circumstances where providing services anonymously may be impracticable. For example:

- a service may require follow up. If the person does not provide details to allow this, the ongoing care may be compromised
- the care to be provided involves a multi-disciplinary team, making it difficult to provide ongoing care without a clear identification of the patient
- a patient's medical status may be compromised if a clinician cannot obtain clinical information critical to providing safe and appropriate care
- services provided to staff who are also patients of the health service.

### 8.2 When providing a service anonymously may be unlawful

Providing services to a person without obtaining a name may be unlawful if there is a statutory requirement to obtain identifying details, or where other requirements relating to the service involve identifying the person to whom it is provided. Some examples include:

- accessing Medicare benefits requires proper identification (for example, when accessing free care in an emergency/outpatients setting, or accessing benefits from the Pharmaceutical Benefits Scheme (PBS) with a prescription to a pharmacy)
- Department of Veterans' Affairs entitlements require the provision of actual name
- prescriptions for restricted substances must include the name of the person who will receive the drugs
- where a person has been diagnosed with certain medical conditions listed as "scheduled medical conditions" under the *Public Health Act*, the health practitioner is required to record certain details, including identity, to allow the matter to be reported to the Secretary, NSW Ministry of Health
- where a person wishes to participate in an e-Health records program (see Section 16.8 National e-Health Record).

## 8.3 Use of alias or 'disguised identity'

The administrative management of a patient assigned an alias (disguised identity or restricted or masked identity) is different to the administrative management of an anonymous patient (as per the criteria in Sections 8.1 and 8.2 above).

The term 'alias' is also used in some patient administration systems when referring to another name by which the patient is or has been known, e.g. maiden name, previous married name. This is not to be confused with the term 'alias' when referring to anonymity.

In this context, the term 'alias' means the same as 'disguised', 'restricted' or 'masked' identity. Different health services use different terminology and may use different methods to disguise the identity of a patient. On conclusion of the patient's episode of care, the alias details will usually be reverted back to the patient's real name. This does not occur when patients are treated anonymously (see Sections 8.1 and 8.2 above).

The health service may assign to the patient an alias, in such cases as:

- the patient is under witness protection
- the patient is under police guard/ custody
- the patient is a child at risk
- the patient is at risk from potential (unwanted) visitors such as media
- court or intervention orders apply
- following a valid request from law enforcement agencies

In special circumstances, the health service may also allow an alias to be used when the patient is a staff member, or a very important person (VIP). However, in some cases health services may choose to monitor inappropriate access to these health records rather than alias the patient's identity.

Providing the patient with an alias should be done before the commencement of any treatment and preferably before the patient's details are entered into the Patient Administration System. Consultation must occur with the senior treating clinician, and others as determined by the health service to be part of the approval process for disguising a patient's identity. There should be a local policy which provides clear guidance on the process and effectively manages any clinical risk to the patient given the potential for compromise to patient care if the patient's true identity is unknown.

Prior to agreeing to assign a patient with an alias, the patient must be advised of the following:

- how the patient's 'name' will appear in the facility's Patient Administration System (PAS), and on their identity bracelet
- that the facility may not be able to provide information about the patient in response to enquiries, including from family and friends
- that the facility may not be able to receive deliveries for the patient, such as flowers or mail
- that the patient should not disclose their presence whilst in the health care facility to any persons (except to their authorised representative or 'person to contact'), as this will compromise their request for restricted identity
- that on conclusion of the episode of care, the 'disguised' details will be reverted back to the patient's known name.

### 8.3.1 Witness protection patients in custody

There are special provisions for witness protection patients in custody. For details contact the Medico-Legal Coordinator, Justice Health & Forensic Mental Health Network, telephone (02) 9289 5168.



#### Further guidance

- PD2007\_094: Client Registration Policy
- Local electronic health record user guide and procedures relating to anonymity and disguised identity by contacting the local Health Information Service.