

# MATERNAL AND CHILD HEALTH SERVICE

# What happens to your information as part of this service?

Greater Shepparton City Council Maternal and Child Health (MCH) provide developmental, health and wellbeing assessments for children 0 - 6 and ongoing support for their families. To provide a MCH service, we collect personal, health and sensitive information related to both you and your child.

# What information do we collect?

We collect your contact details and the details of your child as part of a MCH record. A range of maternal, paternal, medical and social information is collected and recorded. This includes information relating to developmental and health assessments, bookings and consultations.

# Why is this information collected?

We collect this information to ensure the provision of quality health care and to comply with the standards issued by the Australian Health Practitioner Regulation Agency. These standards define the requirements for registration of nurses and midwives. Failure to collect and document relevant health information results in a breach of these standards, and as such, prohibits delivery of service. The information we collect assists us to keep up to date information about needs, health problems, interventions and referrals initiated. We also use the collected information to ensure timely linkages with other Early Years services such as kindergarten. Deidentified information may be used for statistical purposes and to monitor or improve service delivery.

# Who can access the information?

Once collected the information is accessed by MCH nurses and other authorised Early Years staff who are employed by Greater Shepparton City Council. The information is recorded and stored in the Victorian Child Development Information System (CDIS). Data from CDIS is subsequently used by the Child Link Register. Additional information concerning CDIS and the Child Link Register can be obtained from the Department of Health website.

Where necessary, information may be disclosed to other agencies through the Child Information Sharing Scheme and Family Violence Information Sharing Scheme, with your consent or as otherwise required by law.

# How will your information be protected?

Council is committed to protecting personal and health information. Information is handled in accordance with the requirements of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. It is stored securely within CDIS and is held in the strictest confidence.

# Can you access your information?

Yes, you have the right to request access to your information. Please discuss the process with your MCH nurse.

# Any other questions?

If you have any other questions concerning the management of personal or health information, please contact the MCH administration number on 5832 9312.



# **IT'S YOUR INFORMATION – IT'S PRIVATE**

# MATERNAL AND CHILD HEALTH SERVICE CLIENT INFORMATION CONSENT FORM

|                                 | ernal and child health servitive information ("Information  |  |          |          |            | uncil") col | lects persona | al, |
|---------------------------------|---|--|----------|----------|------------|-------------|---------------|-----|
| Development I<br>of Information | e collection and subseq<br>nformation System adm<br>to enable Council to pro<br>services such as kinder | ninistered by the I<br>povide me with info | Departme | nt of He | ealth. I a | lso cons    | ent to the u  | se  |
| <u>Child</u>                    |   |  |          |          |            |             |               |     |
| Name:                           |   |  |          |          |            |             |               |     |
| SURNAME:                        |   |  | DOB      | /        | /          |             |               |     |
| <u>Carer</u>                    |   |  |          |          |            |             |               |     |
| Name:                           |   | _  |          |          |            |             |               |     |
| SURNAME:                        |   | -  | DOB      | /        | /          |             |               |     |
| Address:                        |   |  |          |          |            |             |               |     |
| Carer's Signat                  | ure:  |  |          |          |            |             |               |     |
| Date:                           | //  |  |          |          |            |             |               |     |

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