Recommendation (From 2017 National Opt-Out (NOO) PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 1: Ensure that consistent communications relating to the bulk registration and opt-out process, which may be delivered through a range of communication activities and media channels, reach as much of the Australian community as possible. The communication activities should continue following the end of the opt-out period to alert individuals to the fact (in case they were not alerted during the opt-out period) that: ▪ unless they opted out, they will now have a MHR; ▪ the individual can set privacy controls to restrict who can see, and what information is included in, their MHR; ▪ the individual can cancel their MHR if they do not want it.	This recommendation should inform the development of the communication strategy and materials. This recommendation extends communication activities beyond the end of the opt-out period which should be reflected on planning. The Agency faces an ongoing privacy risk that people will be unaware of how their information is being collected, used and disclosed. The Agency may be criticised for not undertaking a national media campaign or implementing direct forms of communication (e.g. letters).	Communications	The My Health Record Expansion Communications team is working closely with business partners to ensure consistent communications relating to the bulk registration and opt-out process. We strongly agree that communication activities should continue following the end of the opt-out period, however note that this is subject to ongoing funding considerations by Government. Communications during the opt out period included online, outdoor, print media, printed materials in healthcare settings, printed and online messages through commercial and community partners, radio, television and through Australia Post outlets. The communications program saw the message reach consumers at least 10 times through various channels. Communications will continue until the end of the expansion program, advising that unless a person opted out, they now have a MHR. Communications will also include how to control a record, including setting privacy codes, and the option to cancel their record at any time. Ongoing communication activities will be aimed at driving use of the MHR. Key audiences who are high health system users will be targeted to	December 2017 February 2019 Update

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			maintain awareness and activate interest. These include: ▪ consumer – parents with young children, people with chronic illness, carers, older Australians; ▪ primary health provider audiences – GPs, pharmacists; and ▪ specialists. Channels to reach these audiences will include Tonic Media (GP waiting rooms), digital and social channels, and health advocacy member communication. An offline to online education strategy will be undertaken to support consumers with low digital health literacy, or vulnerabilities relating to health and privacy. This cohort includes Aboriginal and Torres Strait Islander peoples, family safety, clinical sensitive conditions, cultural and linguistically diverse peoples, disability, 14–17 year olds, rural and remote. Channels to reach these audiences will include advocacy member support networks, local council, libraries, and the Department of Human Services (DHS). Over 40 co-design workshops were run across January and February 2019 to develop communication and education materials to support all audiences to utilise MHR and engage effectively with their health provider.	

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 2: Sufficient resources should be made available in Service Centres and the MHR helpline call centre for dealing with inquiries relating to the bulk registration and opt out processes in the lead up, during and following the opt-out period. This may include: ▪ the allocation of adequate staffing levels to deal with inquires in a timely manner, particularly during periods and times of peak demand; and ▪ accessible information to support staff in responding to inquires quickly and in a consistent manner (e.g. 'Frequently Asked Questions' and other written materials).	There are already plans underway to increase the resources available for call and face to face services. This includes accommodating and increased service delivery need during the opt-out period and immediately following the creation of records.	Operations (Contact Centre)	Call centre services have been procured that allow for contacts of 75,000 a week during the expected peaks at the start and end of the opt-out period. Help line staffing levels were uplifted by an additional 100 Customer Service Representatives (CSRs) to ensure the expected increase in call demand could be accommodated. This staffing level was maintained until 28 February 2019 and was then set at levels to maintain service levels. Several other initiatives were implemented to assist with the demand as well. These included: ▪ Interactive Voice Response (IVR) enhancements resulting in more meaningful and streamlined messages to callers including some Frequently Asked Questions (FAQs), allowing them to self-assist. ▪ Privacy messaging requests that callers could listen to, and accept, prior to speaking to an agent, reducing call handling times; ▪ Service automation that converted the information entered by callers (primarily	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
			Medicare card details and DOB) to text, populating relevant fields prior to the agent fielding the call, reducing data entry requirements and overall call duration; and ▪ A voluntary call back service presenting within the IVR when the wait time exceeded 20 minutes. Once this threshold was reached, the call back option was offered to the caller upfront and continued to be offered every 3 minutes as they waited on hold. All call back requests lodged were successfully completed by 6 February 2019. The Agency website published real time wait lengths for the phone channel, which was usually less than 4 minutes at peak times, and 1 minute in non peak times.	

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 3: A single bulk registration implementation process (as opposed to a phased approach) would be preferable in terms of minimising confusion and the risk of certain individuals (such as those who may have moved, or be in the process of moving, interstate) inadvertently missing out on the opportunity to opt-out. However, if a phased approach is adopted, the communication strategy and content should include the provision of accessible information to the public about the timeframes for each phase (i.e. the period during which individuals living in certain jurisdictions can opt-out).	The recommendation is consistent with current planned arrangements. This recommendation is useful to inform any discussions of alternative arrangements.	Technology	The current proposal is for a single registration process. A single registration process was implemented, in accordance with this recommendation.	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 4: To ensure certain individuals who live in remote areas or are otherwise unable to travel to a Service Centre are able to exercise the opt-out choice, further consideration should be given to providing alternative means to opt-out. This could include, for example: ▪ making available alternative face-to-face channel mechanisms (e.g. online/video conferencing) or venues; and/or ▪ allowing a telephone channel to be used, subject to the provision of relevant supporting evidence (by post or email) within a specified period.	This recommendation could be considered as part of the My Health Record Expansion Program Implementation Planning. Implementation would be subject to availability of technology to support delivery, resourcing and complexity of service delivery. Decisions about the scope of service delivery will likely be made as part of a value for money decision in contracting support services (part of the DHS Transition project). Implementation of manual processes has a significant resourcing impact on the agency.	Operations	As with the Opt Out trial a phone channel will be provided to allow people who cannot access online channels or chose not to. To help complete an opt out as required. The Contact Centre Help line (1800 723 471) is operational 24/7, with the exceptions of some national public holidays. The contact centre remained open for the 2019 New Year's Day and Australia Day national public holidays to accommodate consumers wanting to use this channel in the final month of opt out.	December 2017 February 2019 Update
		Operations (Contact Centre Transition)	The Call centre transition team are also exploring alternate access methods for consumers that can't access the contact centre or online portals. There were three key channels where consumers were able to complete the opt out process: ▪ logging onto the My Health Record website and accessing the opt out portal; ▪ calling the contact centre; and ▪ via specialised processes specifically targeted to groups considered Hard to Reach and Hard to Service, which involved paper forms for those individuals.	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
		Communications	The My Health Record Expansion Communications team support multiple channels to enable individuals to opt out and will work with technology stream to communicate the channels made available to consumers to opt out. Three channels (online, phone, and paper form for some individuals) were available for consumers to opt out of the MHR system. Opt out channels were communicated by traditional media (print, radio, television and outdoor advertising), digital and social media, community engagement and via Australia Post.	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 5: The communication strategy targeting individuals who currently hold a pseudonymous IHI should provide individuals with information (or tell them where they can find information) about: ▪ what they need to do if they do not have a MHR but would like to have one created; ▪ what they need to do (if anything) if they have a MHR.	To implement this recommendation the Agency should consider publishing information on the website and work with the relevant area of DHS to address enquiries from those with a pseudonymous IHI. People with pseudonymous IHIs should be considered in communication strategy development.	Communications	The My Health Record Expansion Communications team notes the challenges and sensitivities associated with pseudonymous IHIs. The Communications team agrees that generic information be made available in public communications on this matter, but notes that the technology and DHS work streams have responsibility for identification of these individuals and briefing them on the implications from the MHR expansion program. Information on how to register for My Health Record with a pseudonym IHI was provided, in line with this recommendation. Information is in the r*egister for My Health Record* section on the My Health Record website as well as the *families that may be affected by domestic violence section.*	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 6: The design of the Online Opt-Out Service channel should make it clear that an individual's reason for opting out is an optional field. Information should also be made available (whether through the MHR website or privacy policy or the Online Opt-Out Service itself) about the purposes for which the opt-out reasons will be used by the System Operator. In relation to the telephone and face-to-face channels, scripts for Service Centre and MHR helpline staff should also address these matters.	This recommendation should inform development of the opt-out portal, scripting for call centre operators and updates to the privacy policy.	Operations (Contact Centre Transition)	Scripting for call centre operators will be developed to address the full array of expected questions during the opt-out period. This will include information addressing the opt-out reason codes. Comprehensive scripting material was developed in order to assist Contact Centre staff to effectively answer consumer enquiries related to opting out. This included ensuring they informed the consumer that providing a reason for opting out was entirely optional. Structured Learning and Development sessions were also completed by all Contact Centre staff prior to taking opt out related calls.	December 2017 February 2019 Update
		Technology	The Opt Out portal used for the trial will be updated. This portal already included the ability to leave a reason for opting out. The phone channel has staff using an internally facing opt out portal which also can capture reasons. The final external and internal facing opt out portals incorporated optional collection of opt out reasons. The purpose for which the opt-out reasons will be used by the System Operator is made available on the externally facing opt out portal.	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
		Agency Policy	Provide policy guidance to Operations and technology stream. Policy guidance across the Agency is ongoing	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 7: Consideration should be given as to whether opt-out reasons provided by an individual could be collected and retained in a de-identified form. Aside from reducing any potential risks relating to data security or other misuse, this may also address any potential privacy concerns individuals may have about providing this information.	This should be considered as part of the development of opt-out processes and reporting.	Agency Policy	Provide policy guidance to Operations and technology stream. Policy guidance across the Agency is ongoing. This information has not been used – and will not be used – until policy advice is confirmed.	December 2017 February 2019 Update
		Technology	Consider within Opt Out portal solution design Where provided by the individual, opt-out reasons are collected through the external and internal facing opt-out portals. All personal information collected in relation to opt-out is being securely stored as the information is considered a Commonwealth record as per the *Archives Act 1983.*	December 2017 February 2019 Update

		Operations (Contact Centre Transition)	Where necessary this will be addressed in call centre scripting As part of the opt out screen flow, Contact Centre staff were prompted to ask the consumer during the process of the reason for their decision. This included some pre-defined reasons that could be selected, plus the "other" option which allowed the Contact Centre staff member to free type. The privacy message that was either played (recorded version) or read out to all consumers who notified of their intention to opt out, also provides information on the storage of data.	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 8: As part of the opt-out communications (and, if possible, where an individual attempts to set their MHR privacy controls during the opt-out period), information should be provided to individuals about the effect of setting privacy controls, that is, that their MHR will become immediately available for health providers to access, subject to the individual's set privacy controls.	This recommendation should be considered as part of the opt-out portal development and My Health Record improvements (as this information would be part of the access process or within the record).	Design and Development in relation to My Health Record improvements (Technology)	Individuals will be guided through a process to set privacy controls where they are the first to access. If first access is triggered by a provider (to allow MBS and PBS to flow), the individual will need to access the record to set the privacy controls. The above process was implemented as described.	December 2017 February 2019 Update
		Operations (Contact Centre Transition)	Where necessary this will be addressed in call centre scripting Comprehensive scripting material was developed in order to assist Contact Centre CSRs to effectively answer consumer enquiries related to opting out. This included ensuring they were able to effectively guide the consumer through accessing and setting their own privacy controls within theirs or their dependant's record Structured Learning and Development sessions were also completed by all Contact Centre staff prior to taking opt out related calls. Radio and other media was used after record creation to notify consumers of this.	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
		Communications	The My Health Record Expansion Communications team have developed a suite of information on setting privacy controls, which will be communicated extensively during the expansion program. Information on setting privacy controls continues to be communicated following opt-out. Information on how to set privacy controls is also available on the MHR website and includes 'how to videos'. This content was promoted through consumer partners such as the Consumer Health Forum and other consumer groups.	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 9: For the purposes of the ongoing registration arrangements, processes and system business rules should be implemented to ensure that a person is not automatically registered for a MHR where they have completed an (old) application form for Medicare enrolment or IHI assignment that is based on the opt-in model. In these circumstances, the individual or their authorised representative should receive a confirmation that they have not been registered for a MHR, and be provided with information as to how they can apply for a MHR. This could be provided, for example, as part of the confirmation of Medicare enrolment or IHI assignment.	On 11 July 2017 the My Health Record Expansion Program Board agreed to ongoing registration arrangements including a handling strategy to deal with all scenarios of old and new forms in relevant cohorts. The default position will be not to register an individual if a decision is unclear. These individuals can still opt in at any time. This recommendation should be considered as part of the changes to DHS processes to support implementation of national opt-out. The Agency would rely on DHS to identify impacted individuals and contact them about My Health Record participation if required.	Operations	Where a parent uses an old (opt-in) form when registering their baby for Medicare and did not choose to register them for My Health Record the baby will not be registered for the My Health record. DHS have confirmed that if they received a 'legacy' form, i.e. a form that has the opt-in question, and the parent did not request a MHR for the child, a record was not created for the child through the opt out process. New registration forms for newborns have been in circulation since the beginning of opt-out on 16 July 2018. If the AR does not expressly request opt-out on the form, then a MHR was created.	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 10: Before the NOO implementation commences, the Agency should commission (or review and update any existing) information security Threat and Risk Assessment in relation to the MHR system. The scope of the assessment should include consideration of: ▪ the bulk registration process, including in particular the transfer of data about individuals to the System Operator (NIO) and the creation of shell records at the beginning of the opt-out period, before individuals are given an opportunity to opt-out; ▪ cyber security threats; and ▪ any security risk assessments undertaken by DHS and/or the Digital Transformation Agency in relation to myGov, and how any identified risks may impact on an individual's ability to access their MHR (having regard to the increase in MHR system users under an opt-out model).	Relevant threat and risk assessments have been performed or are underway. The Agency should approach DTA and DHS regarding risk assessments on those systems the Agency relies on so the Agency can understand the risks to the Agency.	Cyber Security	Initial TRA complete. A further one is planned prior to commencement of Opt Out. Significant security checks were undertaken throughout the course of the program. An additional TRA was conducted as part of opt-out implementation.	December 2017 February 2019 Update

Recommendation (From 2017 NOO PIA Report)	Impact on Agency	Work stream Responsible for Implementation	Work stream Analysis and Response	Response Date
Recommendation 11: As part of the review of the complaints and incident management procedures, consideration should be given to: ▪ implementing appropriate systems which support accurate and consistent recording, tracking and reporting of large volumes of privacy and data security complaints and incidents; and ▪ ensuring an appropriate governance and management structure is in place, and that sufficient resources are allocated.	This can be considered as part of the implementation planning for opt-out participation. A Service Enhancement project is underway to provide a recommendation regarding the implementation of an incidence management tool. Once endorsed, a project will commence to purchase and implement an incident management tool for broader use within the Agency.	Operations	Recommendations to be considered in requirements analysis and design for incident management solution A new incident management framework was endorsed in June 2018 and applied within the Agency which provides greater structure around governance and reporting. Further to this, a new incident management tool has also been introduced that offers greater flexibility and granularity for reporting purposes.	December 2017 February 2019 Update