



**‘A National ID system to put health privacy at risk’: Submission to the
Community Affairs Legislation Committee Inquiry into *Healthcare Identifiers
Bill 2010* and *Healthcare Identifiers (Consequential Amendments) Bill 2010***

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Proposed Amendments based on Submission

The preferable course is that the Parliament should reject this Bill until the whole package of legislation for electronic health records is presented. The dangers of this Bill cannot be understood without that context. Failing that, amendments are desirable.

1. Cl 9(4) should be deleted and replaced with a provision stating that a healthcare recipient must agree to the allocation of an IHI, and both the Service Operator and Healthcare Providers must obtain such consent before commencing allocating an IHI.
2. A provision should be added to the effect that Healthcare Providers and others entitled to use IHIs should seek an individual’s consent (which could be a standing consent, but revocable) to retrieve and to use their IHI for provision of a service, except where the lack of the IHI would make the provision of the healthcare service impractical.
3. Provisions should be added to guarantee through offences that the use of an IHI is not made a condition of obtaining healthcare, including a de facto condition.
4. Cl 18 should be amended so that when an IHI is allocated, Medicare is to pro-actively inform the person that it is allocated and what the number is. People should not have to ask to find out that they have a healthcare ID number.
5. Cl 9(5) should be deleted and replaced with a right of appeal.
6. Cl 6(2) should be deleted. The Bill should not allow a national identification system, particularly one as sensitive as this, to be operated by the private sector without the full scrutiny Parliament. A change from Medicare to another Service Operator should not happen by regulations.
7. Cl 26(2)(b)) should be deleted to prevent function creep, particularly at State and Territory level.
8. Cl 12(2)(c) should be deleted, so that any authorisation of data matching schemes to enable Medicare to build this database must be specifically included, by name in this legislation.
9. Cl 15(2)(b) and Cl 26(2)(b) should be deleted, so that any agencies entitled to obtain information from the IHI database must be specifically authorised by this legislation. Strict limits on the use Medicare can make of IHI should also be included in the Bill.
10. A new provision should require Healthcare Providers and others entitled to use IHIs to comply with a statutory breach reporting regime.