

## Electronic Medical Records of Information Exchange to reduce Domestic and Family Violence Threat

**Summary** Supplementary information for IB2016\_056, providing guidance on documentation in e-Health records.

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Population Health - Health Promotion

**Applies to** Local Health Districts, Board Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, Public Hospitals

**Distributed to** Ministry of Health, Public Health System

**Audience** Health Information Managers;Allied Health Staff;Nursing Staff;Mental Health;AOD;Emergency Department;Medical Records

## ELECTRONIC MEDICAL RECORDS OF INFORMATION EXCHANGE TO REDUCE DOMESTIC AND FAMILY VIOLENCE THREAT

### PURPOSE

This Information Bulletin clarifies the requirements around notations made within electronic medical records of information exchange under Part 13A Crimes (Domestic and Personal Violence) Act 2007.

It contains information for health services which supplements the NSW Health Information Bulletin *Use of Exchange of Information Part 13A Crimes (Domestic and Personal Violence) Act 2007 Form* ([IB2016\\_056](#)).

### KEY INFORMATION

The *NSW Health Exchange of Information Part 13A Crimes (Domestic and Personal Violence) Act 2007 Form* is a state form that assists NSW Health workers to comply with requirements under the *NSW Crimes (Domestic and Personal Violence) Act 2007*.

This legislation governs information sharing related to Safety Action Meetings, and other victims of domestic and family violence at Serious Threat.

Health workers are to continue to follow the NSW Health Information Bulletin *Use of Exchange of Information Part 13A Crimes (Domestic and Personal Violence) Act 2007 Form* ([IB2016\\_056](#)), including the guidance around use of the State Form.

Health services may include minimal information in the progress notes of the electronic medical record indicating that information exchange has occurred to reduce a serious domestic violence threat to a person. Standard statements are included below for use in the progress notes. The statements include a prompt on how to respond where clinicians have ongoing concerns regarding a domestic violence threat.

#### **Information shared under Part 13A about a client who is the alleged perpetrator**

Staff may include a brief statement in the progress notes of the electronic medical record when information is shared under Part 13A about a client who is the alleged perpetrator and a Safety Action Meeting is held that identifies actions for Health pertaining to the perpetrator.

- Any such statement should be labelled '*VAN Progress Note: Strictly Confidential - not to be shared with client*' and indicate that:

*"This client's file has been reviewed and relevant information shared for the express purpose of reducing a serious domestic violence threat to another person/s including children.*

***The client must not be informed that this has occurred.***

*Any inappropriate disclosure of the information to [insert client's name] has potential harmful consequences for the safety of a victim/s.*

*To discuss concerns about an ongoing or escalating domestic violence threat, contact [LHD service/contact]. Where a clinician has reasonable grounds to suspect that there is a serious and imminent risk to the victim/s or others' safety, Police should be contacted.”*

### **Information shared under Part 13A about a client who is a victim**

Staff may include a brief statement in the progress notes of the electronic medical record when information is shared under Part 13A about a client who is a victim, and a Safety Action Meeting is held which identifies actions for Health.

- Any such statement should be labelled '*VAN Progress Note: Strictly Confidential – not to be shared before contacting the nominated clinician/service below*' and indicate that:

*“This client’s file has been reviewed and relevant information about the client shared for the express purpose of reducing a serious domestic violence threat to the client or another person, including a child.*

*Any inappropriate disclosure of the information has potential harmful consequences for the victims’ safety.*

*To discuss the above information and/or concerns about an ongoing or escalating domestic violence threat, contact [LHD service/contact]. Where a clinician has reasonable grounds to suspect that there is a serious and imminent risk to the victim/s or others’ safety, Police should be contacted.”*

The suggested statements for progress notes above can also be applied where information is shared at Safety Action Meetings using Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*.

For further relevant information on information sharing and documentation please refer to the NSW Government [Domestic Violence Information Sharing Protocol](#) and, where sharing information under Chapter 16A, the *NSW Health Policy Directive Child Wellbeing and Child Protection Policies and Procedures for NSW Health (PD 2013 007)*.



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____		M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

### EXCHANGE OF INFORMATION PART 13A

Crimes (Domestic and Personal Violence) Act 2007

#### INSTRUCTIONS

Information collected on this form is **ONLY** for the purpose of information exchange when a person is at serious threat, under Part 13A of the *Crimes (Domestic and Personal Violence) Act NSW*, including Safety Action Meetings.

Under legislation, a person believed responsible for harm is **NOT INFORMED** about this request for information, any information that is provided, or of any Safety Action Meeting and its actions or outcomes.

**Part A** is to be completed if a request for information has been made and the client meets **ONE** of the criteria listed below at "Reason for Completing Form". A separate form should be submitted by each contributor to the Safety Action Meeting.

**Part B** is to be completed if the client has **children**. Complete **ONLY** with information located in the file to whom the form pertains.

NOTE: If there is not enough room on the form, extra children can be listed in additional progress notes to this form.

#### REASON FOR COMPLETING FORM

Under Part 13A of the *Crimes (Domestic and Personal Violence) Act NSW*, this client has been identified as:

- A person at Serious Threat from domestic and family violence
- A person believed responsible for harm
- A person who is a child or young person under the care of a person at Serious Threat or a person believed responsible for that harm

#### PART A

Complete for all requests for information exchange under the *Crimes (Domestic and Personal Violence) Act NSW*

Please tick all boxes that are indicated in review of client file

##### Aboriginality

- |   |   |
|---|---|
| <input type="checkbox"/> Aboriginal                                   | <input type="checkbox"/> Torres Strait Islander but not Aboriginal origin     |
| <input type="checkbox"/> Aboriginal and Torres Strait Islander origin | <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander origin |

##### Interpreter service needed

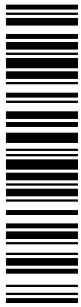
- |                             |  |
|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes Language: |
|-----------------------------|--|

##### Information sought (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Current pregnancy                               | <input type="checkbox"/> Noted concerns for personal safety of client   |
| <input type="checkbox"/> Pregnant within the last 12 months              | <input type="checkbox"/> Impending discharge from a health service      |
| <input type="checkbox"/> Engagement with Mental Health services          | <input type="checkbox"/> Multiple presentations to Emergency Department |
| <input type="checkbox"/> Mental Health diagnosis                         | <input type="checkbox"/> Unexplained/ suspected DV related injuries     |
| <input type="checkbox"/> History of suicide ideation/attempts            | <input type="checkbox"/> Disclosed history of domestic violence         |
| <input type="checkbox"/> History of self harm                            | <input type="checkbox"/> Client has expressed fears for personal safety |
| <input type="checkbox"/> Substance use                                   | <input type="checkbox"/> Recent safety planning has taken place         |
| <input type="checkbox"/> Disclosed or suspected attempted strangulation  | <input type="checkbox"/> Current support services in place              |
| <input type="checkbox"/> Current or recent admission to a health service | <input type="checkbox"/> Client has family or other close supports      |

##### Additional notes

Additional information must be provided in relation to any ticked boxes above and can include: details of involved clinicians/services; specific relevant diagnoses and any relevant details of recent contact with health services. If further relevant information please attach separate note.



SMR805250

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH700137 021116



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

Facility:

ADDRESS

### EXCHANGE OF INFORMATION PART 13A

Crimes (Domestic and Personal Violence) Act 2007

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

#### PART B

Please complete this section if there are children or young people under the age of 18 noted in the client file for whom this person has parental and/or carer responsibilities.

Child's Name	Relationship to client	DOB	Information on risk

Staff contact with Child Wellbeing Unit noted on file. Please record date: \_\_\_\_\_

Risk of Significant Harm reports noted on file. Please provide the date: \_\_\_\_\_

#### INFORMATION REQUESTED BY (Complete Option 1 OR Option 2)

##### Option 1

Information Provided for Safety Action Meeting date: \_\_\_\_\_

##### Option 2

If this information exchange is **NOT** for a Safety Action Meeting, please record details of information request below.

Service requesting information: \_\_\_\_\_

Name of representative of service requesting information: \_\_\_\_\_

Position of representative of service requesting information: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date information provided: \_\_\_\_\_

Serious Threat threshold has been verified (information can only be provided where Serious Threat has been verified - for example, through DVSAT).

#### FORM COMPLETED BY (Staff sign off)

Health Worker's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Designation: \_\_\_\_\_ Facility: \_\_\_\_\_

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING

