

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
community.affairs.sen@aph.gov.au

Dear Committee Secretary,

My Health Record System

The National Council of Single Mothers and their Children Inc (NCSMC) holds grave concerns for the safety and wellbeing of women and children and wish to expose the loopholes that provide perpetrators of violence an opportunity to enable their abuse. It is our understanding that the system allows a parent who does not have primary custody the capacity to create a MyHealth Record on their child's behalf, without the consent or knowledge of their former partner. I further understand that this can occur even if the parent with primary care has exercised the right to 'Opt out' or if they have already created a MyHealth Record.

On 9th August 2018 the National Council of Single Mothers & their Children Inc wrote to the Minister for Health to seek advice and to forward safety concerns raised by women. Furthermore, NCSMC contacted the Australian Digital Health Agency seeking similar information and clarification. To this end NCSMC has received an email with the created ID (41318) and a message informing us that an Australian Digital Health Agency representative will be in contact, but at the time of writing this submission we have not received contact from either the Minister for Health or the Australian Digital Health Agency. Consequently, as NCSMC fields questions to distressed women we are also trying to cobble together information to give the most informed protective advice. It is far from an adequate outcome, as the lack of direct communication to NCSMC combined with women reporting differing experiences, limits our knowledge regarding the fullness of the 'safety loopholes' and therefore the required protective steps. It is our concern that there may be more 'safety loopholes' than contained in this submission.

NCSMC understands that the outcome of the 'loopholes' can provide an abusive ex-partner with access to details including the location of medical practitioners and pharmacies attended by the child with their primary caregiver. Women who have fled violent partners may have the locations of their health care services exposed to their abusive ex-partner potentially narrowing down the locations of victims in hiding.

Below are two recent examples.

My ex has a different Medicare card number. I can't stop him creating *My Health Record* for the children and if he takes them to their specialists or Doctors and they place it onto the My Health Record he has created he

National Council for Single Mothers and their Children Inc.

Eliminate and respond to violence, hardship and inequality for single mothers and their children

✉ PO Box 2238, Hilton, 5033
www.ncsmc.org.au

P 08 8354 3856

E ncsmc@ncsmc.org.au



could potentially find out our address. This places our safety at risk, he has made threats to kill. No way around it unless you have Sole Parental Responsibility through the Court I have been told.

Family court ordered that I have full custody. When I rang to opt out I was informed that a digital record had already been made for my children and myself I was put onto someone else who helped me over the phone to opt out

NCSMC has promoted knowledge of the My Health Record System, the 'Opt out' option and advised women to phone the Australian Digital Health Agency. However, we are concerned that this could only be an interim measure as there may be a possibility for the preparator of violence to revisit and re-establish and My Health Record system later, a matter that needs to be rectified with a sense of urgency.

NCSMC recommendations are aimed at protecting women and children who are affected by family and domestic violence. Key to this protection is to halt any access information by an abusive or violent ex-partner. NCSMC would have anticipated that this was an evident issue and that consultation regarding safety measures would have been widely canvassed and instituted well before the roll-out. The absence of any safety audit has resulted in a situation whereby women discover (hopefully) in an ad hoc manner the frightening prospect that there is a 'loophole' in the My Health Record System. They then are compelled to develop the strategies required, if time allows, to navigate a system to minimise the potential harm, and trust that the steps will protect themselves and or their children. This is completely inadequate and fraught with high levels of risk for women who routinely lose their lives to violent partners in Australia at the rate of one per week. It would appear no Risk Assessment has been carried out prior to the implementation of this new policy.

NCSMC is also concerned that women who are at risk and in an abusive and or controlling relationship may no longer access the health care that they would have prior to the My Health Record System. The System provides controlling partners with the capacity to put under surveillance children and partners enabling them to continue to control, monitor and to limit all options of assistance. This is a deep concern as we know that women seek assistance from the health care providers. It is implausible to expect a woman in a controlling and or abuse relationship to organise privacy within the My Health Record System and risk the ire of the perpetrator.

Recommendations

1. NCSMC urges the Government to shelve the My Health Record System until there is a complete review of the potential harm and safety risk that it poses to women and children.

If this recommendation is not accepted, we suggest additional recommendations as below. These recommendations may mitigate some of the harm but NCSMC is not convinced that it will fully obviate the safety risk and harm that can be a bi-product of the MY Health Record System.

2. Close the loophole which exists in the system that allows a parent who does not have primary custody to create a My Health Record on their child's behalf, without the consent or knowledge of their former partner be closed.
3. If more than one My Health Record is created for the same child that the Australian Digital Health Agency establishes a process of checks with the creators of the records. If one parent raises a concern the Record is 'frozen' until the Australian Digital Health Agency can confirm and be satisfied that there are not any safety, privacy or risks.
4. My Health Record System automatically informs a parent if there is a request for the creation of a second record. Again, this must be investigated as the primary parent my not be the first parent to have created the record.
5. The system needs to revert to an 'Opt in' rather than an 'Opt out' process.
6. Ensure that there are initiatives and actions that protects a woman's privacy and support agency over their own health and body, including but not limited to, Reproductive Coercion. Reproductive coercion is threats or acts of violence against a partner's reproductive health or reproductive decision-making and is a collection of behaviours intended to pressure or coerce a partner into initiating, keeping, or terminating a pregnancy. Access to My Health Records by a controlling and/or abusive partner will significantly increase their capacity for abuse and or intimidation regarding health-related matters.
7. Government initiatives must urgently elevate the safety of women and children in the concept stage and seek consultation before an initiative becomes a reality.

In conclusion, the National Council of Single Mothers and their Children Inc is disappointed that we were not consulted and have 'scrambled' to find answers to the questions posed by women who live in fear for their safety.

We trust that this Inquiry will fully appreciate the safety implications of women and children, not only those who have left a violent partner, or for women and children in hiding but for current and future women who will be 'trapped' in controlling relationships. There can be no greater ongoing trauma and distress than safety fears for yourself and or your child/ren. NCSMC would like the Inquiry to understand that any practice that forces women to revisit their abuse and then work out the process to again institute protective steps, without any real certainty that the step will be enduring or effective is completely inadequate.

Our submission aims to expose the current safety flaws and we insist that a thorough and comprehensive Risk Assessment is undertaken as a matter of urgency. We would be most willing to speak to this submission if it would enhance the Committee's deliberations.

Yours faithfully



Terese Edwards

Chief Executive Office