



VEI By-Laws

Approved by: MAB
Author: NQ&RM
Last reviewed by: Various MAC

Date reviewed: 18 August 2020
Next review date: 18 August 2022
Page 1 of 13

Table of contents

1. DEFINITIONS AND INTERPRETATION	3
2. Philosophy	5
3. Purpose of this Document	5
4. General Terms and Conditions	5
4.1 Compliance with By-laws	5
4.2 Compliance with Policies and Procedures	5
4.3 Compliance with Legislation	6
4.4 Confidentiality	6
5. Governance Committees	6
5.1 Board of Directors	6
5.2 Clinical Care Committee	6
5.3 Executive Leadership Team	6
5.4 Medical Advisory Committee	6
6. Credentialing and Defining the Scope of Clinical Practice	7
6.1 Appointment of Medical Practitioners	7
6.2 Credentialed Medical Practitioner	8
6.4.1 – Duration of Credentialing	8
6.4.2 – Delineation of Clinical Privileges	8
6.4.3 – Annual Review of Registration and Medical Indemnity	8
7. The Process for Appointment Application and/or Re-Appointment	8
7.1 Application for Appointment	8
7.2 Appeals	9
7.3 Application for Re-Appointment	9
7.4 Review or Termination of Appointment	9
8. Terms and Conditions of Appointment	9
8.1 Patient Allocation	9
8.2 Emergency Privileges	10
8.3 Admission	10
8.4 General Code of Conduct	10
8.5 Consent	10
8.6 Medical Records	10
8.7 Introduction of New Products, Services or Technology	11
8.8 Ethics	11
8.9 Rights and Responsibilities	11
8.10 Privacy Policy	11
8.11 Open Disclosure	11
8.12 Feedback	12
9. Risk Rating	12
10. References	12

1. DEFINITIONS AND INTERPRETATION

In these By-Laws, unless the Content otherwise requires:	
Accreditation	A status that is conferred on an organisation or an individual when they have been assessed as having met particular standards. The two conditions for accreditation are an explicit definition of quality (i.e. standards) and an independent review process aimed at identifying the level of congruence between practices and quality standards.
Appointment	The employment or engagement of a medical practitioner to provide services within an organisation according to conditions defined by general law and supplemented by contract.
AHPRA	Australian Health Practitioner Regulation Agency (AHPRA) is the national organisation responsible for implementing the National Registration and Accreditation Scheme (the National Scheme) across Australia.
AMA	Australian Medical Association
Board/Board of Directors	Means the Vision Eye Institute Board of Directors.
Credentialing	<p>means the formal process used to verify the qualifications, experience, and professional standing (including history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record) of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.</p> <p>VEI will only credential doctors who meet the eligibility and qualifications requirements set out in sections 57 and 58 of the National Law, as well as any registration standards within the By-Laws.</p>
Credentialing Officer	Director of Nursing or member of senior management who is responsible for coordinating the application and credentialing process.
Credentials	The qualifications, professional training, clinical experience, and training and experience in leadership, research, education, communication and teamwork that contribute to a medical practitioner's competence, performance and professional suitability to provide safe, high quality health care services.
Defining the scope of practice/clinical privileges	Follows on from credentialing and involves delineating the extent of an individual medical practitioner's clinical practice within a facility based on the individual's credentials, competence, performance and professional suitability and the needs and the capability of the facility to support the medical practitioner's scope of practice.
Director of Nursing (DON)	means the Senior Registered Nurse of the Operating Suite

Health Professional	Collective term used in this document to include surgeons, anaesthetists, nurses, allied health practitioners and surgical assistants.
Medical Indemnity	Insurance product to comply with Medical Indemnity (Prudential Supervision and Product Standards) Act 2003 (Cth).
Medical Advisory Board (MAB)	Is the committee who provide strategic advice and recommendations to the VEI Board.
Medical Advisory Committee (MAC)	is the committee of Practitioners who govern the VEI Day Surgery and conduct the credentialing process.
Medical Director	Means the senior practitioner within VEI for the facility and/or State.
Medical practitioner	A person who is registered to practise medicine within the relevant State or Territory (such as ophthalmologists and anaesthetists), appointed to the medical staff who: (a)Have obtained a higher medical qualification in their nominated speciality, and (b)Have been recognised as a specialist in their nominated category, for the purpose of the Health Insurance Act 1973 (Commonwealth).
Re-credentialing	The formal process used to re-confirm the qualifications, experience and professional standing (including history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record) of medical practitioners, for the purpose of forming a view about their ongoing competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.
Surgeon's assistant	The surgeon's assistant or surgical assistant performs a specialized role, as part of the healthcare team professional that performs surgical procedures. The role may be carried out by a doctor of medicine, nurses who have completed nursing credentials and certifications or an allied health professional with appropriate training in surgery.
Vision Day Surgery (VDS)	means specific to day surgery including <ul style="list-style-type: none"> • North Queensland Day Surgical Centre • RiverCity Private Hospital • Forest Road Day Surgery • Chatswood Vision Day Surgery • Vision Day Surgery Eastern • Camberwell Vision Day Surgery • Footscray Vision Day Surgery • Panch Day Surgery Centre • Windsor Gardens Day Surgery

Vision Eye Institute (VEI)	is an organisation wide reference which includes day surgery, consulting and laser business units.
Visiting Medical Officer (VMO)	means a Medical or Allied Health Professionals, approved to perform work as an appointed practitioner at the Centre, other than as an employee.

2. Philosophy

Vision Eye Institute's philosophy is to enhance patients' quality of life through a commitment to person centred care by applying the latest diagnostic technology and surgical techniques. This is demonstrated through our commitment to a quality and safety culture which is certified by both the National Safety and Quality Health Service Standards and ISO 9001:2015 Quality Management Systems.

Initially established as an ophthalmic group practice in Victoria in 2001, Vision Eye Institute has expanded and now operates as the largest private provider of ophthalmic care in Australia. The business now includes consulting suites, laser surgery and day surgeries along the eastern seaboard, with services expanding to South Australia in 2019. A number of VEI day surgeries have introduced additional specialties including Endoscopy, Pain Management, Plastics, General and IVF/Gynaecology.

Our doctor team includes a mix of partners, associates and visiting medical officers – many of whom have introduced new surgical techniques and technologies into Australia and are highly regarded by their peers, both locally and internationally. Their dedication extends to active involvement with clinical research; teaching and examining medical students, optometry students, optometrists and ophthalmology trainees; and presenting at local and international conferences.

In addition to private practice, a number of Vision Eye Institute doctors hold academic positions, including professorships and associate professorships. Many of our doctors also practise and/or teach at large hospitals, while others are actively involved in local and international charity programs that make use of their specialist skills and expertise.

3. Purpose of this Document

Vision Eye Institute is committed to ensuring safe, quality care to all of our patients. These By-Laws assist in achieving this by defining the requirements for credentialing within our organisation and supporting the selection and retention of health professionals who possess the qualifications and experience to deliver on a mutual commitment to high quality health care.

This document sets out the process for credentialing of medical professionals within our organisation.

Every applicant for credentialing is required to be given a copy of this document before making an application. It is an expectation of Vision Eye Institute that the By-Laws are read in their entirety by the applicant as part of the application process.

4. General Terms and Conditions

4.1 Compliance with By-Laws

It is a requirement for continued credentialing that health professionals comply with the By-Laws at all relevant times when admitting, caring for or treating patients.

4.2 Compliance with Policies and Procedures

Medical practitioners must comply with all policies and procedures, including the VEI Members Handbook and the Code of Conduct implemented by Vision Eye Institute. A copy of each is provided within the VEI Credentialing Pack.

4.3 Compliance with Legislation

Medical practitioners must comply with all relevant legislation including legislation that relates to health services, workplace health & safety, occupational health & safety, antidiscrimination, bullying, harassment, professional health registration and any other relevant legislation regulating the credentialed practitioner.

4.4 Confidentiality

This will be managed as per the Privacy Policy and mandatory data reporting.

5. Governance Committees

Vision Eye Institute supports a formalised committee structure in line with the quality objectives of evaluating the standard of care and services provided, and to ensure we comply with the requirements of all relevant legislation.

Below are details of the high level governance committees within Vision Eye Institute and their function.

Details and information on the complete suite of committees and communication structure within Vision Eye Institute are contained in the VEI Committees, Agendas & Terms of Reference.

Refer to:

VEI Committees, Agendas & Terms of Reference

5.1 Board of Directors

The Board of Directors of Vision Eye Institute Limited (the 'Company') is responsible for the corporate governance of the consolidated entity. The Board guides and monitors the business and affairs of the Company on behalf of the shareholders by whom they are elected and to whom they are accountable.

5.2 Medical Advisory Board

The Medical Advisory Board provides strategic advice to the Board on the organisations strategic directions in relation to business development, major changes in policy direction and resolution of key issues that are of concern to the Group's doctors.

5.3 Clinical Care Committee

The Clinical Care Committee is the highest clinical committee within the organisation. Its primary purpose is to review clinical outcomes and identify strategies to improve clinical results for patients. It also reviews new procedures and patterns of surgical practice.

5.4 Executive Leadership Team

The Executive Leadership Team is the highest committee overseeing the operational elements of the business. This committee reviews the day-to-day running of the practices and reviews the organisation's performance so they can provide overall long-range planning, policy and direction.

5.5 Medical Advisory Committee

The Medical Advisory Committees (MAC's) of each Day Surgery have been delegated the authority and responsibility by the Board for management of their facility. In Victoria there is one MAC which includes Vision Day Surgeries Eastern, Footscray, Camberwell and Panch, all other facilities have their own MAC. Details of the Terms of Reference for the MAC's can be found in the VEI Committees, Agendas & Terms of Reference.

A key component of each Medical Advisory Committee is the responsibility to grant Clinical Privileges and Scope of Practice to health professionals working within their facilities. The credentialing process and requirements are detailed in VEI Credentialing Policy and have been developed to ensure:

- a) promotion of efficient processes to confirm that medical practitioners are competent and adequately supported to provide safe, high quality care;

- b) they have a membership of medical practitioners from a range of clinical disciplines and include a member of senior management, and have access to other relevant expertise, as required;
- c) processes are conducted in accordance with natural justice and confidentiality, without conflicts of interest or bias, and ensure that all decisions are based on equity and merit;
- d) the medical registration status and insurance/indemnity cover of each medical practitioner is verified annually.

All appointments of clinical privileges are for a period of up to three (3) years. Reviews of all Medical Practitioners are undertaken annually, including documentation of up to date registration and indemnity insurance details.

The MAC's report to the Clinical Care Committee. The main objectives of the MAC's include:

- 🔍 Credentialing (as outlined above);
- 🔍 Review of clinical indicators and adverse events;
- 🔍 Participation in the planning, development and implementation of quality programs in each unit; including ensuring formal mechanisms for
- 🔍 Review of clinical management and outcomes are in accordance with the requirements of these By-Laws;
- 🔍 Promoting efficient clinical processes within each business unit.

6. Credentialing and Defining the Scope of Clinical Practice

6.1 Appointment of Medical Practitioners

Visiting Medical Officers (VMO's) include surgeons, anaesthetists and surgical assistants. VMO's apply directly to the primary Vision Day Surgery where they will be operating. If privileges have been requested for more than one Vision Day Surgery facility, this will be noted on the application and the information will be disseminated accordingly to each facility and privileges extended through the relevant MAC.

As part of the contracting process, medical practitioners who are VEI doctor partners or associates will be required to go through a credentialing process, following which all Practice Managers and Directors of Nursing where the doctor will be working are notified in writing of their commencement and any relevant terms of appointment. Once received, the credentialing process of formal review and approval through the MAC will take place.

Membership as a Medical Practitioner of each Vision Day Surgery shall only be extended to professionally competent Medical Practitioners who meet the eligibility and qualifications requirements set out in sections 57 and 58 of the Health Practitioner Regulation National Law Act (2009), as well any registration standards issued by the Medical Board of Australia (National Board), continually meet the qualifications set out in these By-Laws and following credentialing carried out for each Day Surgery facility where they will be attending.

Requirements for appointment consideration is as follows:

- 🔍 Current AHPRA Medical Practitioner Registration, including evidence to practise as a specialist with the Australian Health Practitioner Regulation Agency (AHPRA) and have Australasian Specialist Medical College Fellowship and status as a Fellow of an Australasian Specialist Medical College in relation to the specialty
- 🔍 Provision of a minimum of two (2) professional references for verification, at the determination of the reviewer – at least one must be external to VEI
- 🔍 Current Medical Indemnity Insurance
- 🔍 Certified copies of qualifications
- 🔍 Current curriculum vitae
- 🔍 Research or leadership positions

- 🔍 Evidence of continuing education that relates to the role in which the medical practitioner is engaged, and relevant to the scope of clinical practice being sought
- 🔍 Practice address and phone number
- 🔍 Other hospitals which have granted professional privileges
- 🔍 Evidence of recent practice, at an appropriate level that demonstrates the scope of clinical practice being sought
- 🔍 An applicant's declaration – covering matters such as any restrictions or conditions on their registration, criminal history, professional conduct and/or outstanding complaints
- 🔍 Proof of identity (this should include documentation to complete a 100-point identity check)
- 🔍 Presentation of all associated requested documentation as per the Application for Specialist, Credentialing and Scope of Clinical Practice

6.2 Credentialed Medical Practitioner

Membership of the Medical Practitioners of Vision Eye Institute shall only be extended to professionally competent medical practitioners who continuously meet the requirements and conditions set forth in these By-Laws. Membership is granted by the Medical Advisory Committee only following confirmation of medical registration, peer review of competency, insurance and reference checks.

Non-Australian residents are required to provide documentation proving their right to work in Australia.

6.2.1. Duration of Credentialing

All appointments will be for a period of three (3) years when re-credentialing will be reviewed unless otherwise determined by the Medical Advisory Committee.

6.2.2. Delineation of Clinical Privileges

All appointments will be made specifying the delineation of clinical privileges, which will be confirmed in writing by a letter of appointment from the Medical Advisory Committee.

6.2.3. Annual Review of Registration and Medical Indemnity

It is the responsibility of each Medical Practitioner to provide Vision Eye Institute with a copy of their annual renewal of Medical Registration and Medical Indemnity Insurance.

Note: Casual anaesthetists will have their registration and insurance confirmed at the time of appointment and then prior to the provision of services only.

7. The Process for Appointment Application and/or Re-Appointment

7.1 Application for Appointment

On receipt of a completed application, the relevant Credentialing Officer shall:

- a) Confirm references through confirmation of Specialist Medical College accredited by the Australian Medical Council, or the Medical Director contacts the Medical Practitioner's nominated referees directly.
- b) Confirm AHPRA Medical Practitioner Registration, including evidence to practise as a specialist with the Australian Health Practitioner Regulation Agency (AHPRA) or have Australasian Specialist Medical College Fellowship and status as a Fellow of an Australasian Specialist Medical College in relation to the specialty.
- c) On receipt of the referee report, the MAC shall review the application and satisfy itself as to the professional capabilities, knowledge, current fitness and confidence held in the applicant.
- d) Following a determination, the MAC will recommend appointment or non-appointment for granting clinical privileges and the scope of privileges.

e) The applicant shall be advised of the decision by the MAC.

7.2 Appeals

Practitioners declined clinical privileges will be advised in writing. If they request to appeal the decision they should do so in writing and submit to the Clinical Care Committee.

7.3 Application for Re-Appointment

At least sixty (60) days prior to the expiration date of the present appointment for each Medical Practitioner, the Director of Nursing of each Day Surgery is to provide the Medical Practitioner with the prescribed application form. It will be the responsibility of the Medical Practitioner desiring reappointment to send the completed form to the attention of the Director of Nursing thirty (30) days prior to the expiration date of the present appointment.

The application form will contain information necessary to maintain up-to-date information with regard to the Medical Practitioner and will include evidence of registration and current Medical Indemnity Insurance.

Upon receipt and verification of information contained in the application form, the Director of Nursing will submit the information to the Medical Advisory Committee or the Medical Director.

7.4 Review or Termination of Appointment

The Medical Advisory Committee, the National Medical Director or the CEO of Vision Eye Institute may, at any time with due notice, review or suspend the privileges it has previously granted to a Practitioner and notify the Practitioner of its decision, including reasons why clinical privileges have been reviewed or suspended:

- Should it be in the interest of care or safety of patients and/or staff.
- If the Medical Practitioner fails to observe the terms and conditions of the By-Laws or approved clinical privileges.
- An appointment shall be immediately terminated should a Practitioner fails to maintain registration with the appropriate regulatory body.
- An appointment shall be terminated should a Practitioner become permanently incapable of performing his/her duties.
- If the Practitioner, after due hearing by the AHPRA, AMA or MAC, is judged guilty of unprofessional conduct, negligence or wilful misconduct.
- If the Medical Practitioner is subject to any mandatory reporting under the AHPRA regulations.

7.5 Confidentiality and Indemnity of the review process

Information related to any practitioner submitted, collected or prepared by any representative of any organisation or Medical Practitioner for the purpose of achieving and maintaining the quality of patient care, to the fullest extent permitted by law, will remain confidential and not be disseminated to anyone, except where provided for in these By-Laws.

Deliberations and decisions by the Medical Advisory Committees are made in good faith and implemented without prejudice or malice in the interest of the patients and on behalf of Vision Eye Institute.

No liability in law for such action is accepted therefore by the members of the Medical Advisory Committee either singularly or any other related review process collectively.

8. Terms and Conditions of Appointment

8.1 Patient Allocation

The Medical Practitioner admitting a patient to any Vision Day Surgery will be regarded as the medical practitioner responsible for that patient. Discharge of a patient may be authorised only by the responsible medical practitioner or by his/her delegate.

8.2 Emergency Privileges

In the case of an emergency any Medical Practitioner of the Centre, regardless of privileges previously granted, shall be permitted and assisted to do everything possible for the life of a patient, using every facility of the Vision Day Surgery as necessary, including the calling of any consultant necessary to continue to treat the patient. For the purpose of this section, an “emergency” is defined as a condition in which serious harm could result to the patient or the patient is in immediate danger or in which any delay in administering treatment would add to that danger.

Emergency privileges can be requested by non-credentialed practitioners. An application form will be required and copies of relevant documentation provided for review and approval by the relevant Medical Director. Verbal privileges may be granted by the Medical Director in such emergency situations only.

8.3 Admission

Only Medical Practitioners with current clinical privileges and visiting rights may admit patients to Vision Day Surgeries. The relevant Medical Practitioner or Director of Nursing reserve the right to refuse any admission that the Vision Day Surgery believes would adversely affect its operational performance, reputation, or safety.

The Medical Practitioner admitting the patient will be regarded as the Medical Practitioner directly responsible for the patient until such time as the Director of Nursing or delegate is advised of the transfer of the patient to the care of another Medical Practitioner with current clinical privileges. This transfer must be recorded by the admitting Medical Practitioner in the medical record. Discharge of the patient may only be authorised by the admitting Medical Practitioner.

8.4 General Code of Conduct

- a) All orders for treatment shall be in writing. A verbal order shall be considered to be in writing if dictated to a duly authorised person, functioning within his/her sphere of competence and signed by the responsible practitioner.
- b) The practitioner’s orders must be written clearly, legibly and completely. Orders which are illegible or improperly written will not be carried out until they are rewritten or understood.
- c) Consultation request forms for radiology and pathology shall be completed and signed by the Medical Practitioner who is responsible for providing necessary clinical data.
- d) Medical Practitioners will report to the relevant Director of Nursing any incidents, infections or adverse events and will assist with incident management, investigation and reviews (including root cause analysis and other system reviews) and open disclosure processes.

8.5 Consent

It is the responsibility of the Medical Practitioner to ensure an informed consent is completed regarding the operation to be performed, procedure, investigation or treatment. The consent form must be completed, signed by the patient, or legal representative. Prior to the commencement of the admission process

8.6 Medical Records

A comprehensive medical record is considered basic to satisfactory patient care. Notes must be sufficient for present and future care of the patient and for review of patient care delivery.

Medical Practitioners admitting patients are responsible for provision of:

- Admission notes/letter on the patients’ condition and plan of treatment. A pre-admission form should precede the admission of all elective patients;
- Provisional diagnosis;
- Therapeutic orders including procedures proposed;
- Particulars of clinical interventions;

- Complete anaesthetic record, where appropriate;
- Progress observations and changes in orders;
- Discharge advice;
- Written consent of the patient or representative, if applicable, is required for release of medical information to persons not otherwise authorised to receive this information;
- Records may be removed from the Centre's jurisdiction and safe keeping, only in accordance with a court order, subpoena or statute. All records are the property of the Centre and shall not otherwise be taken away.

8.7 Introduction of New Products, Services or Technology

New products, services or technology includes, but is not limited to:

- Non-approved products;
- Clinical trials;
- Revised use of technology; or
- More than incremental development or changes to established treatment.

To ensure consideration is given to the safety and quality of care for our patients and to ensure an implementation strategy is developed, the introduction of any new products, services or technology shall only be carried out if:

- a) It is to be carried out by a practitioner with the appropriate credentials and clinical privileges granted in accordance with these By-Laws;
- b) Appropriate insurance cover is in place;
- c) It is within the practitioners scope of practice in accordance with AHPRA registration; and
- d) The practitioner has submitted details to the National Medical Director for appropriate review and approval by the Clinical Care Committee prior to implementation.

8.8 Ethics

Vision Eye Institute requires high standards of personal and professional conduct in accordance with the Code of Ethics of the Australian Medical Association and regulatory bodies. Participation in experimental procedures or research must be approved prior to treatment by the relevant Ethics Committee and / or the Clinical Care Committee

8.9 Rights and Responsibilities

Vision Eye Institute has adopted the Australian Charter of Health Care Rights (Australian Commission on Safety and Quality in Health Care) with copies on display and available for all patients. The Charter ensures patients are made aware of their rights and responsibilities during their episode of care.

8.10 Privacy Policy

Vision Eye Institute respects and upholds rights to privacy protection under the Australian Privacy Principles and the Privacy Act 1988.

The object of Vision Eye Institute's Privacy Policy is to achieve a balance between maintaining individual privacy and allowing a flow of information necessary to deliver optimum health care.

8.11 Open Disclosure

Vision Eye Institute has a policy of open disclosure in relation to any incident/adverse event that causes harm or has the potential to cause harm to a patient whilst a patient is receiving treatment at a VEI facility. In the event of an incident/adverse event the following applies:

- a) A full explanation of the event, including the possible consequences, must be provided to the patient and clearly documented in the patient files, from the facility where the event occurred.

- b) An Incident Report must be completed in RiskMan and a full investigation needs to be conducted including processes put in place to prevent the incident occurring again.
- c) All patient incidents must be reported to the Medical Advisory Committee.

For further information on open disclosure please refer to the VEI Open Disclosure Policy.

8.12 Feedback

Vision Eye Institute aims to provide and maintain the highest level of quality care to our patients. In order to achieve this, we share with our practitioners the responsibility to identify opportunities for improvement. If practitioners have any questions, suggestions or concerns regarding the clinical services provided within VEI facilities these should be raised with the relevant Medical Director for the facility and/or state. Matters may also be referred to the National Medical Director for review by the Clinical Care Committee as appropriate.

9. Risk Rating

Extreme	Audited 3 monthly
High	Audited 6 monthly
Medium	Audited annually
Low	Audited biennially

10. References

Name/Link	Source
VEI Credentialing Policy	VEI Internal
VEI Employee Handbook	VEI Internal
VEI Code of Conduct	VEI Internal
Australian Charter of Healthcare Rights (2019)	Australian Commission on Safety and Quality in Health Care
Australian Open Disclosure Framework Better communication, a better way to care (2013)	Office of the Australian Information Commissioner – Australian Government
Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners (2015)	Australian Commission on Safety and Quality in Health Care
Health Practitioner Regulation National Law (NSW) No 86a	Australian Health Practitioner Regulation Agency
Health Practitioner Regulation National Law (Queensland) From 1 July 2014: Health Ombudsman Act 2013	Australian Health Practitioner Regulation Agency
Health Practitioner Regulation National Law (South Australia) Act 2010	Australian Health Practitioner Regulation Agency
Health Practitioner Regulation National Law (Victoria) Act 2009	Australian Health Practitioner Regulation Agency
Health Practitioner Regulation National Law Act 2009 (current as of 1 August 2018)	Australian Health Practitioner Regulation Agency
Medical Board of Australia	Australian Health Practitioner Regulation Agency
Medical Indemnity (Prudential Supervision and Product Standards) Act 2003 (Cth).	
Privacy Act 1988	Office of the Australian Information Commissioner

