Removing and redacting information from a file

Claims administration

- Authority and consent on claims
- Communication with stakeholders
- Quality assurance
- File and diary maintenance
- Receiving and actioning requests for claim file
- Suspensions, ceases and refusal to deal
- Compliance and fraud
- Agency information

Jump to:

- Removing and redacting information
- Irrelevant information
- What information should not be in Pracsys?
- When to remove an entire document

Redacting information from a document

Relevant and irrelevant information

Removing and redacting information

Where information is received that is not directly related to an employee's claim, it may be appropriate to remove or redact it from the claim file.

The two main reasons why it is appropriate to remove or redact information from a claim file is because the information is:

- not relevant to the claim
- material that should not be stored on Pracsys, even though it may be relevant to the claim.

When you identify information that is irrelevant to a claim or should not be held on Pracsys, you should consider whether to **remove** the entire document, or **redact** specific information within a larger document.

The Claims Management Group takes action to ensure the claim record is accurate so that irrelevant information is not used or disclosed inappropriately. This could be harmful to the person the information is about.

Return to top of page | Return to top of section

What is irrelevant information?

Information may be irrelevant because it is:

- about the employee but is not required to manage their claim
- relates to another employee's claim
- relates to a person who does not have a claim with Comcare and is not required to manage a claim.

The most common situations in which Comcare may receive irrelevant information are:

- after seeking records from an employee's treating practitioner
- after seeking records from an employer (section 71)

- receiving unsolicited information from a third party, such as an employee’s solicitor or another insurer.

Deciding whether information is relevant to an employee’s claim will be clear-cut in some situations. In others, it will involve making a judgement call. This is particularly the case when considering whether medical information is relevant to an employee’s claim.

Irrelevant medical information is frequently provided by a treating practitioner. It may also be provided by their lawyer, or another party. In these instances, it is appropriate to remove information about the employee which is:

- sensitive
- personal, and
- unrelated to the claim.

Where an employee has disclosed irrelevant information to Comcare, there is no need to remove it from the file.

Return to top of page | Return to top of section

What information should not be held in Pracsys?

Certain types of information should not be stored on Pracsys, even though it may be relevant to the claim. This includes:

- fraud investigation material, which is filed separately by the Fraud Investigations team
- most information related to an employee’s Administrative Appeals Tribunal (AAT) or legal proceedings. This does not include decisions made by the AAT which are stored in Pracsys to assist with implementation.

Where you identify information that is irrelevant or that should not be held on Pracsys, you should contact the relevant team to confirm whether the information should be removed from Pracsys. These teams could include Fraud, Reconsideration and Appeals or Claims Litigation Services.

Return to top of page | Return to top of section

When to remove an entire document

If you identify information on a claim file that should not be on that file, the information must be removed and filed appropriately. A file note should be attached to the file stating which folios were removed, when, and why this was done.

There are three main scenarios in which documents should be removed from a file. This includes when a document:

- relates to another claim
- has been sent to Comcare in error
- should not be held in Pracsys.

Document relates to another claim

You can move a document that relates to another claim via the Manage Claim Documents (MDOC) function in Pracsys. If you identify an instance where a document has been scanned to the wrong file, you should take the following actions:

- highlight the document that needs to be removed from the claim
- select the ‘Edit’ icon at the top of the tool bar
- highlight the claim number and/or suffix in the ‘Claim No’ field, and then delete the claim number and/or suffix
- enter the correct claim number and/or suffix in the ‘Claim No’ field
- click ‘Ok’, and
- click ‘Amend’.

Information sent to Comcare in error

Here are two examples of where information may have been sent to Comcare in error.

Example 1: A Claims Manager receives copies of clinical notes and there are pages that are not relevant to the employee's claim. These pages should be removed from the claim file. It is also appropriate to notify the sender that they included information in error (i.e., email the treatment provider/hospital and indicate that they included information about another person).

Example 2: An employer provides copies of documents in response to a section 71 notice. Some of the documents provided are not relevant to the claim. These documents should be removed from the claim file. It is also appropriate to notify the sender that they included information in error.

If you receive hard copies of information that should not have been sent to Comcare, please contact the Privacy team for advice on how to deal with the information.

Material that should not be held in Pracsys

If you identify information you believe should not be attached to Pracsys, such as documents relating to confidential fraud investigations or AAT matters, you should contact the relevant team or person to discuss whether the documents should be removed from the file.

Whole documents can be removed from Pracsys files by contacting Information Capture.

Return to top of page | Return to top of section

Redacting information from a document

If you receive a document and there is information contained within the document that is not relevant to the employee's claim, you will need to redact the irrelevant information.

Where information is redacted, the reason should be noted in its place. For example, stating 'redacted under APP4' or 'tax file number redacted'. This will ensure that any future review of the document or file will clearly indicate why the redaction was applied.

There are three main scenarios in which it will be necessary to redact information:

- where documents contain details of third parties that are not required to manage the claim (other injured employees, or individuals unrelated to the claim)
- where documents contain an employee's tax file number

- where documents contain sensitive, personal information that is related to the employee but not relevant to the management of their claim.

Refer to the Guide to Redaction for information on how to redact information from a document. If you have questions concerning redacting information, further advice can be obtained from the Privacy team.

Authorisation process for redacting information

1. **Information is received (in the team tray/invoices).** The Claims Administration Officer (CAO) or Claims Support Officer (CSO) reviews the information and marks items recommended for redaction.
2. **The CAO or CSO provides their redaction recommendation** to the Senior Claims Manager (SCM) who is managing the claim (or another S/CM within the team if the managing SCM is unavailable) to confirm if they agree with the recommendation.
3. **If the SCM agrees with the redaction recommendation**, the CAO or CSO **edits** the document and notes the reason the information is redacted.
4. **If there is a difference of opinion between the CAO or CSO and the SCM**, the matter is referred to the Assistant Director, Claims Operations for review. If they are unsure, the matter is referred to the Privacy team, Statutory Oversight for their recommendation.

Return to top of page | Return to top of section

Deciding what is relevant to a claim and what is irrelevant information

This general advice should assist you when deciding whether information is or could be relevant. These may not apply in every case, since every claim is different, but they may be a helpful starting point.

Is it an IME or GP report?
We generally consider that information contained in IME reports is relevant. For IMEs, Employees sign specific consent forms with the understanding that any information they provide to the specialist may be included in the final report. IME and GP reports are commissioned by Comcare (or the agency), so anything included can be reasonably assumed to have relevance to the claim.

Clinical notes attached to GP reports should be reviewed as they may not have been reviewed for relevance by the GP.

Does the information relate to a medication?
Comcare does not redact information relating to medications, regardless of apparent relevance. Medications can have side-effects or reactions with other treatments, which can have significant impacts on claims.

Could the information relate to the claim?
If the information may be related to the claim, or if a relevant party (Employee, treating practitioners, etc.) says it's related, it should remain on file.

Serious/debilitating/long term physical conditions, such as severe back pain, neck pain, or diabetes can impact both physical and psychological claims. It's recommended that references to other serious conditions are left on file. On the other hand, documents related to less serious/debilitating/long term physical conditions (e.g., a wrist MRI on a psychological claim) may be removed.

Is the information sensitive?
If the information is sensitive, consider removing it.

Comcare does not typically remove information relating to common short-term illnesses, injuries, or routine investigations (colds, ear infections, blood tests, vaccinations, etc).

Err on the side of caution for more sensitive conditions and investigations, such as sexual health, mammograms, prostate conditions, haemorrhoids, etc. (these are often listed in Clinical Notes). If sensitive conditions and investigations are unrelated to the claim, Comcare typically removes them as we do not need to know about these things to manage the claim.

Third party information

Comcare does not typically remove the names of an Employee's colleagues or supervisors, especially where it has relevance to the claim. There may be occasional exceptions to this rule, especially where there are significant sensitivities. Typically, if an Employee's name has been provided to Comcare, either by the Employee or the Employer, it is likely to have relevance to the claim.

Spouses/partners and family members

Comcare does not generally remove names of partners, spouses or children, especially as this information is sometimes requested by Comcare (for example, Periodic Review Forms, applications for household help, etc).

If personal information other than the spouse's name appears in medical notes, such as '[spouse] has been having recurrent ear infections', Comcare would generally look to remove this, as it does not relate to the Employee's claim.

Some family history may be relevant to the claim, either for an injured worker's predisposition to similar condition/s, or if a family member's health (or death) may have an impact on an injured worker's mental state or compensable psychological claim.

Return to top of page | Return to top of section