

CONSULTATION DRAFT

(Prepared by Parliamentary Counsel's Office)

Human Rights Commission Amendment Bill 2019

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CONSULTATION DRAFT

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Human Rights Commission Amendment Bill 2019

A Bill for

An Act to amend the *Human Rights Commission Act 2005*, and for other purposes

The Legislative Assembly for the Australian Capital Territory enacts as follows:

1 Name of Act

This Act is the *Human Rights Commission Amendment Act 2019*.

2 Commencement

This Act commences on a day fixed by the Minister by written notice.

Note 1 The naming and commencement provisions automatically commence on the notification day (see Legislation Act, s 75 (1)).

Note 2 A single day or time may be fixed, or different days or times may be fixed, for the commencement of different provisions (see Legislation Act, s 77 (1)).

Note 3 If a provision has not commenced within 6 months beginning on the notification day, it automatically commences on the first day after that period (see Legislation Act, s 79).

3 Legislation amended

This Act amends the *Human Rights Commission Act 2005*.

4 Human Rights Commission Regulation 2018—sch 1

- (1) The provisions set out in schedule 1 are taken, on the commencement of this section, to be a regulation made under the *Human Rights Commission Act 2005*, section 105.
- (2) The regulation—
 - (a) is taken to be notified under the Legislation Act on the day this Act is notified; and
 - (b) commences on the commencement of this section; and
 - (c) is not required to be presented to the Legislative Assembly under the Legislation Act, section 64 (1); and
 - (d) may be amended or repealed as if it had been made under the *Human Rights Commission Act 2005*, section 105.

- (3) This Act is taken to be an amending law for the Legislation Act, section 89 (Automatic repeal of certain laws and provisions) despite this section not being a provision mentioned in section 89 (12), definition of *amending law*.

**5 When may someone complain about a health service?
New section 39 (1) (b) (iia)**

insert

- (iia) the health care worker code of conduct prescribed under section 94B;

6 Part 5 heading

substitute

**Part 5 Additional matters for health
service complaints**

7 New divisions 5.3 and 5.4

insert

Division 5.3 Health care worker code of conduct

94A Definitions—div 5.3

In this division:

code of conduct means the health care worker code of conduct prescribed under section 94B.

complaint means a complaint made under section 39 (1) (b) (iia) that a health care worker acted inconsistently with the code of conduct.

corresponding law means a law, or part of a law, of a State that is—

- (a) about the conduct required of a health care worker; and

(b) prescribed by regulation as a corresponding law for this division.

Note **State** includes the Northern Territory (see Legislation Act, dict, pt 1).

final order—see section 94E (1).

health care worker—

(a) means an individual who provides a health service to another individual; but

(b) does not include an individual to the extent that the individual provides the health service as a health practitioner.

Note **Health practitioner**—see the Legislation Act, dict, pt 1.

interim order—see section 94D (1).

prohibition or condition order, for a health care worker, means an order made by the health services commissioner, in writing, to do any of the following:

(a) prohibit the health care worker from providing a health service;

(b) prohibit the health care worker from offering, advertising or otherwise promoting a health service (including a health service provided by another person);

(c) prohibit the health care worker from holding themselves out or otherwise promoting themselves as a provider of a health service;

(d) prohibit the health care worker from providing advice in relation to the provision of a health service (including a health service provided by another person);

(e) place a condition on the provision of a health service by a health care worker.

public statement means a public statement made by the health services commissioner under section 94F.

register means the register of prohibition or condition orders under section 94L.

relevant professional body, for a health care worker, means a professional body—

- (a) of which the health care worker is a member or is eligible to be a member; or
- (b) that has members who provide the health service provided by the health care worker; or
- (c) that the health services commissioner is satisfied, on reasonable grounds, is relevant to the health care worker and the health service provided by the health care worker.

94B Code of conduct may be prescribed

- (1) A regulation may prescribe a code of conduct in relation to the provision of a health service by a health care worker.

Note A regulation must be notified, and presented to the Legislative Assembly, under the Legislation Act.

- (2) The regulation may create offences and fix maximum penalties of not more than 30 penalty units for the offences.

94C Principles for making prohibition or condition order or public statement

In making a prohibition or condition order or public statement, the health services commissioner—

- (a) must act with as little formality as reasonably practicable; and
- (b) is bound by the rules of natural justice; and
- (c) is not bound by the rules of evidence; and

- (d) before making a decision affecting a person, must give the person an opportunity to make submissions to the commissioner about the decision.

Note The commission must deal with complaints promptly and efficiently (see s 45).

94D Interim prohibition or condition order

- (1) The health services commissioner may make a prohibition or condition order for a stated period of not more than 8 weeks (an *interim order*) if the commissioner—
 - (a) is considering a complaint in relation to a health care worker; and
 - (b) believes on reasonable grounds that—
 - (i) the health care worker acted inconsistently with the code of conduct; and
 - (ii) there would be a serious risk to the health or safety of the public if the health care worker continued to provide a health service.
- (2) The period of the interim order must not be longer than the period reasonably required for the health services commissioner to decide if a final prohibition order is required.
- (3) As soon as practicable after making an interim order, the health services commissioner must give a copy of the order to the health care worker.

Note 1 The health services commissioner must also give the health care worker a statement of reasons (see s 94F).

Note 2 For how documents may be given, see the Legislation Act, pt 19.5.

- (4) The health services commissioner may give a copy of an interim order to—
 - (a) any relevant professional body for the health care worker; and

- (b) another person if the commissioner is satisfied on reasonable grounds it is in the interest of the health or safety of the public to do so.

Examples—par (b)

- the health care worker’s employer
- a related health service provider
- a client

94E Final prohibition or condition order

- (1) The health services commissioner may make a prohibition or condition order for a stated period, including a permanent order (a *final order*) if—
- (a) the health services commissioner is satisfied on reasonable grounds that there would be a serious risk to the health or safety of the public if the health care worker continued to provide a health service; and
- (b) either—
- (i) the health services commissioner—
- (A) has considered a complaint in relation to a health care worker; and
- (B) is satisfied on reasonable grounds that the health care worker acted inconsistently with the code of conduct; or
- (ii) a health care worker is convicted of an offence under any of the following in relation to a health service provided by the health care worker:
- (A) the *Competition and Consumer Act 2010* (Cwlth);
- (B) the *Fair Trading (Australian Consumer Law) Act 1992*;
- (C) the *Public Health Act 1997*; or

- (iii) for a health care worker covered, or previously covered, by a corresponding law—
 - (A) an order corresponding to a prohibition or condition order has been made in relation to the health care worker under the corresponding law; and
 - (B) the health services commissioner is satisfied that the health care worker acted inconsistently with the order.
- (2) The period of the final order must not be longer than the period reasonably required to protect the health or safety of the public.
- (3) However, if the health care worker is a health practitioner, the health services commissioner must not make a final order without—
 - (a) giving the relevant board for the health practitioner a reasonable opportunity to respond to the proposed order; and
 - (b) considering the response (if any).
- (4) As soon as practicable after making a final order, the health services commissioner must give a copy of the order to the health care worker.

Note 1 The health services commissioner must also give the health care worker a statement of reasons (see s 94G).

Note 2 For how documents may be given, see the Legislation Act, pt 19.5.
- (5) The health services commissioner may give a copy of a final order to—
 - (a) any relevant professional body for the health care worker; or
 - (b) another person if satisfied on reasonable grounds that it is in the interest of the health or safety of the public to do so.
- (6) The health services commissioner may make a final order even if a complaint is closed under section 78.

94F Public statement about health care worker or health service

- (1) The health services commissioner may make a public statement in relation to a health care worker if the health services commissioner believes on reasonable grounds that there is a serious risk to the health or safety of the public in relation to—
 - (a) a health service provided or offered by the health care worker; or
 - (b) a health care worker being convicted of an offence under any of the following in relation to a health service provided by the health care worker:
 - (i) the *Competition and Consumer Act 2010* (Cwlth);
 - (ii) the *Fair Trading (Australian Consumer Law) Act 1992*;
 - (iii) the *Public Health Act 1997*; or
 - (c) for a health care worker covered, or previously covered, by a corresponding law—an order corresponding to a prohibition or condition order being made in relation to the health care worker under the corresponding law.
- (2) The health services commissioner may make a public statement in relation to a health service if the commissioner believes on reasonable grounds that there is a serious risk to the health or safety of the public arising from the health service.
- (3) A public statement may be made in any form.
- (4) A public statement made in relation to a health care worker may include any of the following:
 - (a) the identity of the health care worker;
 - (b) information, including a warning, about—
 - (i) the health care worker; or

- (ii) the health service provided by the health care worker;
 - (c) if the health care worker provides the health service in connection with a provider—
 - (i) the identity of the provider; and
 - (ii) information, including a warning, about the provider;
 - (d) information contained in a final order made in relation to the health care worker.
- (5) A public statement made in relation to a health service may contain information, including a warning, about the health service generally.
- (6) The health services commissioner—
- (a) may vary or withdraw a public statement; and
 - (b) if a statement is varied or withdrawn—must set out the reason for the variation or withdrawal in the same form as the statement was made.

94G Statement of reasons for prohibition or condition order or public statement

- (1) If the health services commissioner makes a prohibition or condition order or a public statement in relation to a health care worker, the commissioner must give a statement of reasons for making the order or statement to—
- (a) the health care worker; and
 - (b) for a final order or a statement made in relation to a complaint made about the health care worker—the complainant.
- (2) The health services commissioner may also do any or all of the following:
- (a) make the statement of reasons publicly available;

- (b) give a copy of the statement to any relevant professional body for the health care worker;
- (c) give a copy of the statement to another person if satisfied on reasonable grounds it is in the interest of the health or safety of the public to do so.

Note For what must be included in a statement of reasons, see the Legislation Act, s 179.

- (3) Before giving the statement of reasons to a person or making it publicly available, the health services commissioner may remove confidential information from the statement if the commissioner sets out in the statement—
 - (a) that information was removed because it was confidential; and
 - (b) the nature of the information that was removed.
- (4) This section does not affect the power of a court to make an order for the discovery of a document or to require the giving of evidence or the production of documents to a court.
- (5) In this section:

confidential information, in relation to a statement of reasons, means information—

- (a) that is not publicly available when the statement is made; and
- (b) that is about the personal or business affairs of a person other than the person who is given the statement; and
- (c) where 1 or more of the following apply:
 - (i) the information was given to the health services commissioner in confidence;
 - (ii) publishing the information would reveal a trade secret;
 - (iii) the information was provided in compliance with a duty imposed under an Act;

- (iv) the health services commissioner would breach a law by providing the information.

94H Correction of public statement

- (1) This section applies if the health services commissioner becomes aware a public statement is incorrect in a material way.
- (2) The health services commissioner must make a statement setting out the correct information or withdraw the public statement.

Note If a statement is changed or withdrawn the health services commissioner must set out the reason for the change or withdrawal in the same form as the statement was made (see s 94F (6)).

94I Variation of prohibition or condition order

- (1) A health care worker may, in writing, ask the health services commissioner to vary a prohibition or condition order made in relation to the health care worker if there has been a material change in a matter giving rise to the making of the order.
- (2) The health services commissioner must, on application or on its own initiative, vary an order if the health services commissioner is satisfied—
 - (a) a prohibition or condition in the order is no longer required to protect the health or safety of the public; or
 - (b) the period of the order is longer than the period reasonably required to protect the health or safety of the public.
- (3) However, if the health care worker is a health practitioner, the health services commissioner must not vary an order without—
 - (a) giving the relevant board for the health practitioner a reasonable opportunity to respond to the proposed order; and
 - (b) considering the response (if any).

- (4) As soon as practicable after varying an order, the health services commissioner must give a copy of the varied order to the health care worker.
- (5) The health services commissioner may give a copy of a varied order to—
 - (a) any relevant professional body for the health care worker; or
 - (b) another person if satisfied on reasonable grounds that it is in the interest of the health or safety of the public to do so.
- (6) If an order is varied the health services commissioner must include on the register the reason for the variation.

94J Cancellation of prohibition or condition order

- (1) A health care worker may, in writing, ask the health services commissioner to cancel a prohibition or condition order made in relation to the health care worker if there has been a material change in a matter giving rise to the making of the order.
- (2) The health services commissioner must, on application or on its own initiative, cancel an order if the health services commissioner is satisfied the order is no longer required to protect the health or safety of the public.
- (3) As soon as practicable after cancelling an order, the health services commissioner must tell the following, in writing, the order is cancelled:
 - (a) the health care worker;
 - (b) any relevant professional body for the health care worker;
 - (c) another person if satisfied on reasonable grounds that it is in the interest of the health or safety of the public to do so.
- (4) If an order is cancelled the health services commissioner must include on the register the reason for the cancellation.

94K Non-compliance with prohibition or condition order

A person commits an offence if—

- (a) the person is a health care worker; and
- (b) a prohibition or condition order has been made in relation to the person; and
- (c) the person has been given a copy of the prohibition or condition order; and
- (d) the person contravenes the order.

Maximum penalty: 100 penalty units, imprisonment for 12 months, or both.

94L Health services commissioner to keep register

The health services commissioner must—

- (a) keep a register of prohibition or condition orders made; and
- (b) ensure that current prohibition or condition orders are accessible at all times free of charge on a website approved by the commissioner.

94M Exchange of information

The health services commissioner may exchange information with an entity responsible for administering or upholding a corresponding law about the following:

- (a) a health care worker's compliance with the code of conduct or a corresponding law;
- (b) action taken in relation to a health care worker for acting inconsistently with the code of conduct or a corresponding law.

Division 5.4 Notification and review of decisions

94N Meaning of *reviewable decision*—div 5.4

In this division:

reviewable decision means a decision mentioned in schedule 1, column 3 under a provision of this Act mentioned in column 2 in relation to the decision.

94O Reviewable decision notices

If the health services commissioner makes a reviewable decision, the commissioner must give a reviewable decision notice to each entity mentioned in schedule 1, column 4 in relation to the decision.

Note 1 The health services commissioner must also take reasonable steps to give a reviewable decision notice to any other person whose interests are affected by the decision (see *ACT Civil and Administrative Tribunal Act 2008*, s 67A).

Note 2 The requirements for reviewable decision notices are prescribed under the *ACT Civil and Administrative Tribunal Act 2008*.

94P Applications for review

An entity mentioned in schedule 1, column 4 in relation to a reviewable decision may apply to the ACAT for a review of the decision.

8 New schedule 1

insert

Schedule 1 Reviewable decisions

(see div 5.4)

column 1 item	column 2 section	column 3 decision	column 4 entity
1	94D (1)	make interim order	person subject to interim order
2	94E (1)	make final order	person subject to final order
3	94F	make, vary or withdraw public statement	<ul style="list-style-type: none"> • person mentioned in public statement • person providing health service mentioned in public statement
4	94I	not vary the prohibition or condition	person requesting variation
5	94J	not cancel the prohibition or condition	person requesting cancellation

9 Dictionary, new definition of *code of conduct*

insert

code of conduct, for division 5.3 (Health care worker code of conduct)—see section 94A.

10 Dictionary, definition of *complaint*, new paragraph (c)

insert

(c) for division 5.3 (Health care worker code of conduct)—see section 94A.

11 Dictionary, new definitions

insert

corresponding law, for division 5.3 (Health care worker code of conduct)—see section 94A.

final order, for division 5.3 (Health care worker code of conduct)—see section 94E (1).

health care worker, for division 5.3 (Health care worker code of conduct)—see section 94A.

interim order, for division 5.3 (Health care worker code of conduct)—see section 94D (1).

prohibition or condition order, for a health care worker, for division 5.3 (Health care worker code of conduct)—see section 94A.

public statement, for division 5.3 (Health care worker code of conduct)—see section 94A.

register, for division 5.3 (Health care worker code of conduct)—see section 94A.

relevant professional body, for a health care worker, for division 5.3 (Health care worker code of conduct)—see section 94A.

reviewable decision, for division 5.4 (Notification and review of decisions)—see section 94N.

Schedule 1 New Human Rights Commission Regulation

(see s 4)



Australian Capital Territory

Human Rights Commission Regulation 2018

Subordinate Law SL2018-

made under the

Human Rights Commission Act 2005

Part 1 Preliminary

1 Name of regulation

This regulation is the *Human Rights Commission Regulation 2018*.

2 Dictionary

The dictionary at the end of this regulation is part of this regulation.

Note 1 The dictionary at the end of this regulation defines certain terms used in this regulation, and includes references (*signpost definitions*) to other terms defined elsewhere in this regulation.

For example, the signpost definition ‘*client*, for part 2 (Code of conduct for health care workers—Act, s 94B)—see section 5.’ means that the term ‘client’ is defined in that section for pt 2.

Note 2 A definition in the dictionary (including a signpost definition) applies to the entire regulation unless the definition, or another provision of the regulation, provides otherwise or the contrary intention otherwise appears (see Legislation Act, s 155 and s 156 (1)).

3 Notes

A note included in this regulation is explanatory and is not part of this regulation.

Note See the Legislation Act, s 127 (1), (4) and (5) for the legal status of notes.

4 Offences against regulation—application of Criminal Code etc

Other legislation applies in relation to offences against this regulation.

Note 1 *Criminal Code*

The Criminal Code, ch 2 applies to all offences against this regulation (see Code, pt 2.1).

The chapter sets out the general principles of criminal responsibility (including burdens of proof and general defences), and defines terms used for offences to which the Code applies (eg *conduct*, *intention*, *recklessness* and *strict liability*).

Note 2 *Penalty units*

The Legislation Act, s 133 deals with the meaning of offence penalties that are expressed in penalty units.

- (b) have the experience, training and qualification required to provide the health service; and
- (c) only prescribe or recommend a treatment or appliance to a client that the health care worker believes serves the needs of the client; and
- (d) recognise the limit of the treatment the health care worker can provide; and
- (e) if appropriate, refer a client to another competent health service; and
- (f) if appropriate, recommend a client seeks another opinion or health service; and
- (g) if required and practicable, assist a client to find another appropriate health service; and
- (h) encourage a client to tell the client's treating doctor (if any) about the health service being provided by the health care worker; and
- (i) provide a health service in a manner that is sensitive to the cultural needs of a client; and
- (j) if the health care worker is, or should be, aware a client is taking or receiving another health service—understand the interaction between the health services and tell the client about any possible adverse interaction.

9 Health care worker must have client consent

Before a health care worker provides a health service to a client, the health care worker must be satisfied on reasonable grounds that the client consents to the health service.

10 Health care worker must not claim to cure cancer or terminal illness

- (1) A health care worker must not claim to be qualified, able or willing to cure cancer or another terminal illness.
- (2) A health care worker may claim to be able to treat or alleviate the symptoms of cancer or another terminal illness only if the claim can be substantiated.

11 Health care worker must not misinform

- (1) This section applies to information a health care worker gives a person in relation to a health service.

Examples

- information given when consulting a client
- information included in an advertisement
- information given to a professional body for a health service

- (2) The health care worker must not—
 - (a) give false, misleading or deceptive information about, or otherwise misrepresent, any of the following:
 - (i) a health service the health care worker provides;
 - (ii) the health care worker's competence to provide a health service;
 - (iii) the health care worker's experience, training and qualification in relation to providing a health service;
 - (iv) the health care worker's professional affiliation;
 - (v) the health care worker's ability to provide treatment; or
 - (b) make a claim about the efficacy of a health service if the claim cannot be substantiated.

12 Health care worker must provide accurate advice

- (1) This section applies to advice a health care worker gives a client in relation to a health service provided to the client.
- (2) The health care worker must—
 - (a) allow the client to make an informed choice in relation to the health service, and other health services; and
 - (b) not attempt to dissuade the client from seeking or continuing medical treatment; and
 - (c) communicate and co-operate with colleagues, other health service providers and relevant entities in the best interests of a client.
- (3) However, subsection (2) does not prevent a health care worker from telling a client that the health care worker believes a health service provided by the health care worker will not benefit, or continue to benefit, the client.

13 Health care worker must not exploit client—financial misconduct

- (1) A health care worker must not financially exploit a client.
- (2) Without limiting subsection (1), a health care worker must—
 - (a) only provide a health service to a client that is designed to maintain or improve the client's health or wellbeing; and
 - (b) not accept or offer financial inducements or gifts in relation to a client referral arrangement with another health care worker; and
 - (c) not ask a client to give, lend or bequeath money or gifts that will benefit the health care worker directly or indirectly.

14 Health care worker must not exploit client—sexual misconduct

- (1) A health care worker must not engage in behaviour of a sexual or other inappropriate close personal nature with a client.
- (2) A health care worker must not engage in a sexual or other close personal, physical or emotional relationship with a client.
- (3) A health care worker must ensure there is a reasonable period after the health care worker stops providing a health service before starting a sexual or close personal relationship with a client.

15 Health care worker must mitigate harm

- (1) If an adverse event occurs in connection with providing a health service to a client, a health care worker must take appropriate and timely measures to minimise harm to the client.
- (2) Without limiting subsection (1), a health care worker must, as soon as practicable after the adverse event occurs—
 - (a) tell the client about the adverse event; and
 - (b) for a serious adverse event—obtain appropriate emergency assistance; and
 - (c) take steps to reduce the risk of a similar adverse event occurring; and
 - (d) report the adverse event to any relevant authority.
- (3) A health care worker must ensure that appropriate first aid is available to deal with any adverse event.

16 Health care worker must control infection

- (1) A health care worker must take reasonable precautions for the control of infection in the course of providing a health service.

-
- (2) Without limiting subsection (1), a health care worker who carries out skin penetration or another invasive procedure must comply with the *Public Health Act 1997*, including the following:
- (a) any declaration made under that Act, section 18 (Public health risk activities and procedures—declaration);
 - (b) any code about infection control made under that Act, section 133 (Codes of practice).

17 Health care worker with transmissible condition

- (1) This section applies if a health care worker is diagnosed with a medical condition that has a risk of transmission to a client of the health care worker.
- (2) The health care worker must—
 - (a) seek advice from a health practitioner about how to avoid transmitting the condition to a client; and
 - (b) provide a health service in a way that does not transmit the medical condition.

18 Health care worker under influence of intoxicating or unlawful substance

- (1) A health care worker must not provide a health service while under the influence of an intoxicating or unlawful substance.
- (2) A health care worker may provide a health service while under the influence of a medicine if—
 - (a) the health care worker follows the advice of the prescribing health practitioner or dispensing pharmacist about the impact of the medicine on the health care worker's ability to provide a health service; and
 - (b) the health care worker's capacity to provide the service is not impaired.

- (3) In this section:

medicine—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 11.

19 Health care worker with impairment etc

- (1) This section applies if a health care worker has a physical or mental impairment, disability, condition or disorder (including an addiction).
- (2) The health care worker must—
- (a) ask a relevant health practitioner to determine if and how the health care worker should modify, suspend or end the provision of the health service to minimise the risk of harm to a client; and
 - (b) follow the advice of the health practitioner.

20 Health care worker must comply with privacy laws

A health care worker must comply with privacy laws that apply to a client's health information, including—

- (a) the *Health Records (Privacy and Access) Act 1997*; and
- (b) the *Information Privacy Act 2014*; and
- (c) the *Privacy Act 1988* (Cwlth).

21 Health care worker must keep records

- (1) This section applies if it is reasonably likely that information about the provision of a health service to a client by a health care worker will be relevant to the ongoing health or wellbeing of the client after the health service is provided.
- (2) The health care worker must—
- (a) make accurate, legible and up-to-date records in relation to the health service provided to the client; and
 - (b) keep the record secure; and

- (c) prevent unauthorised access to the record; and
- (d) if a client asks for information in a record about the client—give the client access to the information; and
- (e) if a client or the client’s legal representative asks for the transfer of a record about the client—transfer the record in a timely manner.

22 Health care worker must have insurance

A health care worker must have appropriate indemnity insurance arrangements in relation to the health care worker’s practice.

23 Health care worker must report suspected misconduct

A health care worker must tell the health services commissioner if the health care worker believes on reasonable grounds that another health care worker has done 1 or both of the following:

- (a) put a client at serious risk of harm;
- (b) failed to comply with the code of conduct.

24 Health care worker must display code and other information

A health care worker must make the following easily visible and accessible at all premises where the health care worker provides a health service:

- (a) the code of conduct;
- (b) information about how a client may make a complaint to the health services commissioner.

Dictionary

(see s 2)

Note 1 The Legislation Act contains definitions and other provisions relevant to this regulation.

Note 2 For example, the Legislation Act, dict, pt 1, defines the following terms:

- fail
- health practitioner
- health services commissioner
- may (see s 146)
- must (see s 146)
- person (see s 160)
- State.

Note 3 Terms used in this regulation have the same meaning that they have in the *Human Rights Commission Act 2005* (see Legislation Act, s 148). For example, the following terms are defined in the *Human Rights Commission Act 2005*, dict:

- code of conduct
- complaint
- health care worker
- health service (see s 7)
- relevant professional body.

client, of a health care worker, for part 2 (Code of conduct for health care workers—Act, s 94B)—see section 5.

Endnotes

1 Presentation speech

Presentation speech made in the Legislative Assembly on 2018.

2 Notification

Notified under the Legislation Act on 2018.

3 Republications of amended laws

For the latest republication of amended laws, see www.legislation.act.gov.au.
