



18 February 2026

Office of the Australian Information Commissioner

By email: consultation@oaic.gov.au

Dear Commissioner

ACRRM response to the Remaking the My Health Records (Information Commissioner Enforcement Powers) Guidelines Consultation Paper

The Australian College of Rural and Remote Medicine (ACRRM) welcomes the opportunity to respond to this consultation paper.

ACRRM's vision is for *'Healthy rural, remote and First Nations communities through excellence, social accountability, and innovation'*. Key to this is access to doctors who are appropriately skilled to provide services in rural and remote communities, including Rural Generalists. ACRRM plays an important role setting professional medical standards for training, assessment, certification and continuing professional development of Rural Generalists and rural General Practitioners; and, providing quality education programs, innovative support, and strong representation for the dedicated doctors who serve our rural and remote communities.

Maintaining and enhancing healthcare systems and digital tools that enable clinicians to deliver safe, comprehensive and context-appropriate care across diverse and often geographically isolated communities is a key component of supporting rural and remote clinicians and the patients they serve. The My Health Record (MHR) system is one such tool and, as has previously been noted by ACRRM, its enabling legislative framework must remain fit for purpose, particularly for rural and remote practice.

Overall, ACRRM supports the renewal of necessary legislation, regulations and guidelines such as these *My Health Record (Information Commissioner Enforcement Powers) Guidelines 2026* for the MHR system, reflecting updates to Privacy Act and other relevant legislation to ensure its safe, effective and reliable use.

Are the draft Guidelines clear, relevant and practical?

In considering these new draft guidelines and the consultation questions, the guidelines appear clear, relevant and practical.

Do the draft Guidelines sufficiently assist the participants in the MHR system in understanding their privacy obligations and how the Information Commissioner will generally approach enforcement issues in relation to the MHR system?

The role of the Information Commissioner and their approach to enforcement issues is appropriately detailed and relevant. However, the privacy obligations of participants in the MHR system may benefit from further explanation and clarity, and this would serve to enhance the draft guidelines. ACRRM advocates for legislative instruments that promote continuity, streamlining and optimisation for the

practical use of MHR in clinical settings, especially where system reliability and simplicity are vital to patient outcomes, while ensuring that undue administrative or technical burdens are not placed on rural and remote practices with limited infrastructure.

Are there any matters that you believe the draft Guidelines should cover that have not been covered or should be covered in greater detail?

In relation to participants in the MHR system, ACRRM highlights the value of assisted registration to enable people to engage with MHR particularly in communities where digital literacy or internet access is limited, and an expanded definition of a 'nominated healthcare provider' to reflect that in rural areas other healthcare workers are often responsible for coordinating care. While this does not require specific mention in these guidelines, rather there is the need to ensure there are no unintended limitations through these or other regulatory mechanisms. Additionally, the important role of MHR in supporting telehealth, especially in rural and remote settings where it can enhance continuity of care, clinical decision-making, and timely access to patient information, should continue to be acknowledged.

Are there any other ways in which the draft Guidelines could be enhanced?

ACRRM welcomes ongoing collaboration and encourages further engagement with rural and remote clinicians to ensure that My Health Record continues to be a valuable and effective tool for rural and remote healthcare providers and the communities they serve.

Thank you for the opportunity to provide input to this consultation. If you have any queries relating to this feedback, please contact ACRRM at policy@acrrm.org.au.

Yours sincerely



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Chief Executive Officer