HEALTHCARE COMPLIANCE · 2026

Your Clinic Is Not a Small Business (Legally)

Every other business your size gets a turnover exemption from the Australian Privacy Principles. You do not, because you provide a health service and hold health information.

The exemption everyone else uses does not apply to you. The Privacy Act covers organisations that provide a health service and hold health information, other than in an employee record. **regardless of annual turnover**. A solo physiotherapist and a hospital group are bound by the same Australian Privacy Principles, and **health information is sensitive information**, which attracts extra protections. That matters for your phones because a clinic's phone system holds health information in **voicemail, call recordings, AI transcripts, SMS threads, call notes and staff mobiles**, and almost no practice has inventoried them.

The short version

#	Where it lives	The questions to answer
1	**Voicemail**, a patient describing a symptom, chasing a result, asking about medication	Who can listen? Is it forwarded to an email inbox, and whose? How long is it kept, and who actually deletes it? Most practices have never set a retention period at all
2	**Call recordings**, if you record	Stored where, in which country, for how long, retrievable by whom? Consent is separate and covered below
3	**AI transcripts and call summaries**	A transcript of a clinical conversation is health information from the moment it exists. Which service processes the audio, and where does that processing happen?
4	**Two-way SMS threads with patients**	A reply saying why they need to reschedule is health information. Does that thread reach the patient's file, or does it sit in a messaging tool nobody governs?
5	**Call notes** written during or after a call	These belong in the clinical record. The risk is the parallel systems, the shared spreadsheet, the notebook by the phone, the sticky note
6	**Staff mobiles** taking practice calls	The most common weak point in Australian clinics, and the subject of its own section below

Also worth knowing

Criterion	The expectation	The usual gap
C1.2 Communications	Patients receive open, timely and appropriate communication about their care, with **documented** arrangements for what the team can and cannot advise by phone.	The practice has a shared understanding but nothing written. The criterion is about documentation, and writing it takes an hour
C1.4 Interpreter and other communication services	Patients needing an interpreter or other communication support can get it	Access exists on paper but only one staff member knows how to use it. If she is on leave, the practice does not have interpreter access that day.
GP1.3 After-hours care	"Our patients can access after-hours care"	Covered in the next section. This is the one most often quietly non-compliant

And you are in the strictest part of the Act

The Privacy Act treats **health information as sensitive information** and applies additional protections to how it is collected, used, disclosed and secured. So a clinic is not simply inside the regime with everyone else, it is inside the tier that carries the most obligations. The sentence "we're only a small practice" has never had any work to do here.

Questions the full guide answers

- [ ] Is a small clinic really covered by the Privacy Act?
- [ ] Where does a phone system actually hold health information?
- [ ] Can we record patient calls, and does the answer change between states?
- [ ] Our practitioners use their own mobiles for patient calls. What is the actual risk?
- [ ] What does the after-hours criterion require our closed-hours message to say?
- [ ] How do we stop losing the patients who most need us in the morning rush?
- [ ] Should a clinic use AI on its phones at all?

This is the summary. The guide has the detail.

Every point above is worked through in full on our site, with the Australian context, the numbers and the exceptions. If you would rather talk it through, call **1300 663 222** or visit **vocphone.com/about/contact-us**.