[Service Letterhead]

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[Service Letterhead]

[Organisation Name]

Patient Rights, Responsibilities and Person-Centred Care

Policy

Document Control

Policy Title	Patient Rights, Responsibilities and Person-Centred Care Policy
Policy Number	P-XXX
Approval Date	DD/MM/YYYY
Amended Date	DD/MM/YYYY
Next Review Date	DD/MM/YYYY
Version Number	1.0
Responsible Officer	Chief Executive Officer
Accreditation Mapping Code	RACGP – Patient Rights; Informed Consent; Communication; Privacy and Confidentiality; Cultural Safety; Clinical Governance; Quality Improvement NSQHS – Standard 1 Clinical Governance; Standard 2 Partnering with Consumers; Standard 5 Comprehensive Care; Standard 6 Communicating for Safety NSQPH – Clinical Governance; Partnering with Consumers; Clinical Safety QIC – Governance; Consumer and Community Engagement; Service Delivery; Rights and Responsibilities; Quality Improvement

1. Purpose

The purpose of this policy is to establish [Organisation Name]'s overarching commitment, expectations and accountabilities for protecting patient rights and providing safe, culturally safe, equitable and person-centred healthcare.

[Organisation Name] recognises that people accessing healthcare have the right to be treated with dignity and respect, receive safe and appropriate care, receive information they can understand, participate in decisions about their healthcare, provide or withhold informed consent, have their privacy protected and raise concerns or provide feedback without fear of disadvantage.

As an Aboriginal Community Controlled Health Service (ACCHS), [Organisation Name] recognises that person-centred care must also be culturally safe, strengths-based and responsive to Aboriginal and Torres Strait Islander concepts of health and wellbeing, including the importance of culture, identity, family, kinship, community, Country and self-determination.

The organisation recognises the Australian Charter of Healthcare Rights and will uphold the rights of people to:

- access;
- safety;
- respect;
- partnership;
- information;
- privacy; and
- give feedback.

[Organisation Name] will maintain systems that support people to understand and exercise these rights and participate meaningfully in decisions affecting their health and healthcare.

2. Scope

This policy applies to all:

- Board / Governing Body members;
- employees;
- healthcare practitioners;
- Aboriginal Health Workers and Aboriginal Health Practitioners;
- managers and executives;
- contractors and consultants;
- students and trainees;
- volunteers;
- visiting practitioners;
- agency personnel; and
- other persons undertaking work for or on behalf of [Organisation Name].

This policy applies across all clinical, community, outreach, administrative, digital, transport, referral, care coordination, health promotion and other services provided by or on behalf of [Organisation Name].

3. Definitions

Patient / Person – A person receiving or seeking healthcare, programs or services from [Organisation Name].

Patient Rights – The fundamental entitlements of people receiving healthcare, including rights recognised through the Australian Charter of Healthcare Rights, legislation, professional standards and accreditation requirements.

Patient Responsibilities – Reasonable expectations that support safe, respectful and effective healthcare relationships. Patient responsibilities do not remove or diminish fundamental healthcare rights.

Person-Centred Care – Healthcare that respects and responds to a person's needs, preferences, values, circumstances and goals and supports their participation in decisions about their healthcare.

Shared Decision-Making – A process in which healthcare practitioners and patients work together to make healthcare decisions by considering clinical evidence alongside the person's preferences, circumstances, values and goals.

Informed Consent – Voluntary agreement to proposed healthcare after the person has received and understood sufficient relevant information to make the decision.

Informed Refusal – A person's decision to decline or discontinue recommended healthcare after receiving sufficient information about the proposed care and the reasonably foreseeable consequences of declining it.

Decision-Making Capacity – A person's ability to understand information relevant to a particular decision, consider the consequences of available options and communicate a decision.

Support Person – A family member, kin, carer, advocate or other person chosen by the patient to provide support, subject to the patient's wishes and applicable privacy, consent and legal requirements.

Cultural Safety – An environment, relationship or service in which a person experiences their identity and culture as respected and where they are free from racism, discrimination, assault, challenge or denial of their identity.

4. Policy Statement

[Organisation Name] is committed to healthcare in which every person is treated with dignity, compassion and respect and is recognised as an active partner in their health and healthcare.

Patient rights and person-centred care are fundamental components of safe and high-quality healthcare and must be embedded across governance, clinical governance, workforce practice, communication, service design, information management, risk management and continuous quality improvement.

Person-centred care requires the organisation and its workforce to consider the whole person rather than solely a diagnosis, condition, appointment or episode of care. Healthcare must, where relevant, consider the person's goals, preferences, strengths, circumstances, culture,

communication needs, family and support networks while maintaining clinical safety and professional standards.

The following principles are non-negotiable:

Rights apply to everyone – Healthcare rights must be respected without discrimination.

Care must be safe – People have the right to safe, appropriate, evidence-informed and competent healthcare.

Dignity and respect are fundamental – Every person must be treated respectfully regardless of their health status, identity, behaviour, background or circumstances.

Culture matters – Cultural identity, beliefs, family, kinship, language and community may influence healthcare experiences and decisions and must be respected.

People are partners in care – Patients must be supported to participate in healthcare decisions to the extent they choose.

Choice requires information – People must receive sufficient information in a form they can understand to make meaningful decisions.

Informed consent is fundamental – Healthcare must not be provided without appropriate consent except where authorised by law.

Consent is a process, not a form – A signature alone does not demonstrate informed consent.

People may change their mind – A person may refuse healthcare or withdraw consent, subject to applicable legal and clinical requirements.

Privacy must be protected – Personal and health information must be managed respectfully, confidentially and lawfully.

Feedback is a right – People must be able to raise concerns, make complaints and provide feedback without fear of disadvantage.

Equity may require different approaches – Equitable care may require reasonable adjustments to support access, understanding, participation, safety and outcomes.

Rights are supported by reasonable responsibilities – Patient responsibilities support safe and respectful healthcare relationships but do not make fundamental healthcare rights conditional.

5. Policy

5.1 Access and Equity

[Organisation Name] will support equitable access to healthcare based on clinical need, service capability, available resources and applicable eligibility requirements.

Healthcare must not be unfairly restricted on the basis of race, culture, ethnicity, religion, sex, gender, sexuality, disability, age, socioeconomic circumstances, language, health condition, geographic location or another protected characteristic.

The organisation will seek to identify and reduce avoidable barriers to access, including cultural, communication, physical, financial, geographic, transport and digital barriers.

Where a required service cannot be provided by [Organisation Name], reasonable arrangements will be made to support referral, coordination or access to other appropriate services where practicable.

5.2 Safe and High-Quality Care

Every person has the right to receive healthcare that is safe, appropriate, evidence-informed and delivered by workers who are appropriately qualified, competent and authorised for their role.

[Organisation Name] will maintain clinical governance systems that support safe care, continuity, effective communication, appropriate escalation, prevention of avoidable harm and continuous improvement.

Patients, families and carers will be encouraged to raise concerns about safety, deterioration, treatment, medicines, communication, consent or other aspects of care. Such concerns must be taken seriously and appropriately addressed.

5.3 Respect, Dignity and Non-Discrimination

Every person must be treated with dignity, compassion, courtesy and respect.

Healthcare must respect the person's identity, culture, beliefs, values, preferences, autonomy, personal circumstances and communication needs.

Racism, discrimination, stereotyping, harassment, intimidation, coercion, humiliation, abuse, neglect and degrading treatment are incompatible with safe and person-centred healthcare.

Workers must not make assumptions about a person's needs, capacity, behaviour, health, family, culture, lifestyle or preferences.

A person's healthcare needs must not be dismissed or minimised because of disability, mental health concerns, substance use, previous presentations, social circumstances, perceived non-compliance or another personal characteristic.

5.4 Partnership and Person-Centred Care

Patients will be supported to participate meaningfully in their healthcare to the extent they choose.

Healthcare practitioners should seek to understand what matters to the person, including their goals, priorities, preferences, concerns, values and individual circumstances, and take these into account when planning and providing care.

Where there is more than one clinically reasonable option, shared decision-making should support the person to understand available choices and participate in determining the preferred approach.

Patients must have reasonable opportunities to ask questions, seek clarification, discuss concerns and involve appropriate support people.

Person-centred care does not remove the healthcare practitioner's responsibility to provide clinically safe, evidence-informed care or to appropriately advise when a requested option is unsafe, inappropriate or outside the organisation's scope.

5.5 Information, Communication and Health Literacy

Patients have the right to receive information about their health and healthcare that is accurate, relevant, timely and understandable.

Information provided should be proportionate to the healthcare decision and include, where relevant:

- the person's health condition or assessment;
- proposed healthcare and its purpose;
- available options;
- expected benefits;
- material risks;
- reasonable alternatives;
- consequences of declining or delaying care;
- medicines and treatment requirements;
- costs where relevant;
- referrals and follow-up; and
- who will be involved in care.

Information must be communicated in a manner appropriate to the person's health literacy, language, communication needs, disability, cultural circumstances and preferences.

The organisation will provide or facilitate appropriate communication support, including qualified interpreters, where communication barriers may affect understanding, safety, consent or participation.

Workers must not assume that information has been understood simply because it has been provided.

5.6 Informed Consent and Decision-Making

Informed consent is fundamental to a person's rights to autonomy, dignity, bodily integrity and participation in healthcare.

Except where healthcare may lawfully be provided without consent, appropriate consent must be obtained before examination, investigation, treatment, procedure or other healthcare intervention.

Consent must be:

- informed;
- voluntary;
- specific to the proposed healthcare;
- provided by a person with decision-making capacity, or an authorised substitute decision-maker where applicable; and
- current and not withdrawn.

Consent must be treated as an ongoing process of communication and decision-making. A signed form may provide evidence of consent but does not replace meaningful discussion with the person.

Healthcare practitioners must provide sufficient information for the person to understand the nature and purpose of the proposed healthcare, its expected benefits, material risks, reasonable alternatives and relevant consequences of declining care.

Decision-making capacity must be considered in relation to the particular decision and must not be assumed to be absent solely because of age, disability, diagnosis, mental illness, cognitive impairment, communication difficulty, cultural or linguistic background or disagreement with clinical advice.

Where a person requires assistance to understand information or participate in decision-making, reasonable support must be provided.

Where a person does not have capacity to make a particular healthcare decision, consent must be managed in accordance with applicable law and organisational requirements. The person receiving care should nevertheless be involved in the decision to the greatest extent reasonably possible.

Consent must be appropriately documented according to the nature and significance of the healthcare provided.

Detailed requirements for consent, capacity, substitute decision-making and documentation will be addressed through the organisation's Informed Consent Procedure.

5.7 Choice, Second Opinions and Refusal of Care

Patients have the right to ask questions, seek clarification and participate in choosing between clinically appropriate healthcare options.

Where reasonably practicable, patients may seek or request a second opinion.

A person with decision-making capacity may refuse proposed healthcare or withdraw consent previously given.

Where recommended care is refused, the person must receive sufficient information to understand reasonably foreseeable consequences and available alternatives. Clinically significant refusal or withdrawal of consent must be appropriately documented.

Refusal of one aspect of healthcare does not constitute refusal of all healthcare and must not result in punitive treatment, discrimination or inappropriate withdrawal of unrelated services.

Where refusal creates significant clinical risk, the matter must be managed in accordance with applicable legal, professional and clinical governance requirements.

5.8 Family, Kin, Carers and Support People

Patients may involve family, kin, carers, advocates or other support people in their healthcare to the extent they choose.

Workers must respect the diversity of family and kinship structures and must not assume who a person regards as family or who has decision-making authority.

The involvement of another person does not remove the patient's rights to privacy, confidentiality, autonomy or participation.

The presence of a family member, carer or support person does not automatically authorise disclosure of information or provide authority to consent on the patient's behalf.

Where another person is authorised to make a healthcare decision for a patient, that authority must be established in accordance with applicable law and organisational requirements.

5.9 Privacy and Confidentiality

Patients have the right to privacy and to expect their personal and health information will be collected, accessed, used, stored and disclosed appropriately and lawfully.

Privacy must be maintained during consultations, examinations, communication and information handling to the extent reasonably practicable.

Information must only be accessed or disclosed for legitimate purposes and in accordance with applicable privacy, confidentiality and consent requirements.

Consent to healthcare does not constitute unrestricted consent to disclose information to family, carers, employers, community members or other third parties.

Patients may access their health information in accordance with applicable legislation and organisational requirements.

5.10 Feedback, Complaints and Speaking Up

Patients, families, carers and community members have the right to provide feedback, raise concerns and make complaints.

People must be able to do so without intimidation, retaliation, discrimination or inappropriate impact on their access to healthcare.

Information about complaints and feedback processes must be accessible.

Concerns and complaints will be handled respectfully, fairly, confidentially and in accordance with organisational processes.

Patient and community feedback will inform governance, risk management, service development and continuous quality improvement.

5.11 Open Disclosure

Where healthcare does not go as planned and a person experiences or may have experienced harm, [Organisation Name] will support open disclosure in accordance with applicable national guidance and organisational procedures.

Open disclosure will be honest, timely, culturally safe and person-centred and will support the patient and, where appropriate, their family or nominated support people to understand what occurred and what actions are being taken.

5.12 Continuity and Coordination of Care

Patients have the right to coordinated healthcare and effective communication between people involved in their care.

[Organisation Name] will maintain systems supporting appropriate referral, clinical handover, results management, recall, follow-up and transfer of care.

Patients should receive sufficient information to understand the next steps in their care, relevant follow-up arrangements and when further assistance should be sought.

The organisation will seek to minimise avoidable fragmentation of care and support continuity with trusted healthcare providers where reasonably practicable.

5.13 Patient Responsibilities

[Organisation Name] recognises that safe and effective healthcare is strengthened when patients and healthcare providers work collaboratively.

Patients should be encouraged and supported, where reasonably possible, to:

- provide relevant and accurate health information;
- ask questions where information is unclear;
- participate in decisions to the extent they choose;
- advise the service where circumstances or healthcare preferences change;
- advise healthcare providers where they are unable or do not intend to follow an agreed care plan;
- attend appointments where possible or provide notice where they cannot attend;
- treat workers, other patients and visitors respectfully;
- respect the privacy and safety of others; and
- comply with reasonable organisational safety requirements.

These responsibilities must be applied reasonably and proportionately.

Healthcare rights are not conditional upon perfect compliance with patient responsibilities.

The organisation recognises that health conditions, disability, trauma, cultural obligations, family circumstances, transport, housing, financial hardship, language and other barriers may affect a person's capacity to meet particular responsibilities.

Where difficulties arise, workers should seek to understand relevant contributing factors and support continued safe care wherever reasonably practicable.

5.14 Behaviour, Safety and Continuity of Services

Patients have the right to respectful care, and workers, patients and visitors have the right to a safe environment.

[Organisation Name] will manage threatening, aggressive, abusive or unsafe behaviour in a manner that protects safety while maintaining dignity, fairness and appropriate access to healthcare.

Restrictions on services, behavioural agreements or decisions to cease a therapeutic relationship must be proportionate, clinically appropriate and consistent with legal, professional and organisational requirements.

A decision to restrict or cease non-urgent services must not be discriminatory or punitive and must appropriately consider continuity of clinically necessary care.

5.15 Children, Young People and People Requiring Decision-Making Support

Children, young people and people requiring additional decision-making support have the same fundamental rights to dignity, respect, safety, privacy, information and participation.

Information and involvement in decisions must be appropriate to the person's age, maturity, capacity, communication needs and circumstances.

Children and young people should be supported to participate in decisions affecting them to the extent appropriate to their capacity and applicable legal requirements.

Where another person provides consent on behalf of a patient, the person receiving healthcare should still be informed and involved to the greatest extent reasonably possible.

Where there is uncertainty regarding capacity or authority to provide consent, the matter must be appropriately escalated and managed in accordance with applicable law and organisational procedures.

5.16 Equity, Diversity and Accessibility

[Organisation Name] recognises that equitable healthcare does not always require identical treatment.

Different approaches or reasonable adjustments may be required to support equitable access, understanding, participation, safety and health outcomes.

The organisation will seek to identify barriers, disparities and inequitable experiences and use this information to improve service design and delivery.

Services will recognise and respond appropriately to diversity in culture, ethnicity, language, disability, age, gender, sexuality, socioeconomic circumstances, health literacy, geographic location, family circumstances and communication needs.

5.17 Patient and Community Participation

Person-centred care extends beyond individual healthcare encounters.

[Organisation Name] will support meaningful opportunities for patients, families, carers and community members to contribute to service planning, evaluation and improvement.

Consumer and community perspectives may be obtained through feedback, complaints, surveys, consultation, advisory mechanisms, co-design, quality improvement and other engagement activities.

Engagement should appropriately include people and groups whose voices or experiences may otherwise be underrepresented.

6. Roles and Responsibilities

Role	Responsibilities
Board / Governing Body	Provide governance oversight of patient rights, person-centred care, consumer and community participation, equity and significant risks relating to patient safety and experience.
Chief Executive Officer	Ensure appropriate governance, systems, resources and accountability arrangements are maintained to uphold patient rights and support safe, culturally safe and person-centred care.
Executive Management	Embed this policy across delegated portfolios, monitor significant risks and performance and respond to systemic concerns.
Clinical Lead / Senior Clinicians	Promote person-centred clinical practice, informed consent, shared decision-making, safe communication and appropriate management of concerns regarding patient rights or decision-making.
Managers / Practice Managers	Implement this policy within operational areas, support workforce capability, maintain accessible patient information and respond to identified concerns.
Healthcare Practitioners	Provide safe, respectful and person-centred healthcare; support informed decision-making; obtain appropriate consent; protect privacy; communicate effectively; and uphold patient rights.
Aboriginal Health Workers / Aboriginal Health Practitioners	Provide culturally safe and person-centred care within their role and scope and contribute clinical, cultural, communication, advocacy and care coordination expertise where appropriate.
All Employees and Workers	Treat people respectfully, protect privacy, communicate appropriately, uphold patient rights and identify or report concerns or risks.

7 . Cultural Considerations

As an Aboriginal Community Controlled Health Service, [Organisation Name] recognises that patient rights and person-centred care are inseparable from cultural safety, Aboriginal community control and self-determination.

Aboriginal and Torres Strait Islander concepts of health may encompass physical, social, emotional, cultural and spiritual wellbeing and relationships with family, kinship, community and Country.

Healthcare must therefore consider the whole person and must not require Aboriginal and Torres Strait Islander people to adapt to systems that disregard culture, identity, family, communication or community context.

[Organisation Name] will ensure that patient rights and person-centred care:

- recognise culture as a strength;
- respect Aboriginal and Torres Strait Islander identity and self-determination;
- acknowledge family, kinship, community and Country where relevant;
- support culturally safe communication and informed decision-making;
- recognise local cultural protocols;
- avoid stereotyping and deficit-based assumptions;
- provide access to Aboriginal Health Workers or Aboriginal Health Practitioners where appropriate, available and desired;
- support interpreter and communication needs;
- recognise cultural obligations that may affect healthcare participation;
- identify and address racism and institutional barriers; and
- respect the person's right to determine what culturally safe care means for them.

Informed consent must be culturally safe as well as legally and clinically valid.

Workers should respectfully ask how a person wishes healthcare decisions to be discussed and whether they want family, kin, an Aboriginal Health Worker, Aboriginal Health Practitioner, interpreter, advocate or other support person involved.

Family and collective decision-making approaches should be respected where this reflects the person's wishes but must not be assumed solely because a person identifies as Aboriginal and/or Torres Strait Islander.

Workers must be mindful of power imbalances in healthcare relationships. Apparent agreement, politeness, silence or reluctance to question a healthcare practitioner must not automatically be interpreted as informed consent where understanding or voluntariness is uncertain.

The organisation also recognises and respects the cultural, linguistic, spiritual and religious diversity of all people accessing its services. Individual needs and preferences should be respectfully identified rather than assumed.

8. Related Policies & Documents

- Cultural Safety Policy
- Clinical Governance Policy
- Organisational Governance Policy
- Communication Policy
- Privacy and Confidentiality Policy
- Information Management Policy
- Complaints and Feedback Policy
- Incident Management Policy
- Risk Management Policy / Framework
- Informed Consent Procedure
- Interpreter Procedure
- Open Disclosure Procedure
- Clinical Handover Procedure
- Results, Recall and Follow-Up Procedure
- Referral and Care Coordination Procedure
- Ceasing Care / Therapeutic Relationship Procedure
- Patient Behaviour / Occupational Violence Procedure
- Aboriginal and Torres Strait Islander Identification Procedure
- Continuous Quality Improvement Framework
- Community Engagement Framework / Procedure
- Code of Conduct

9. Monitoring & Review

[Organisation Name] will monitor implementation and effectiveness of this policy through governance, clinical governance, consumer engagement, risk management and continuous quality improvement systems.

Monitoring may include:

- patient and community feedback;
- complaints and compliments;
- patient experience measures;
- incidents relating to patient rights, consent, privacy, communication or care;
- relevant clinical and documentation audits;
- access, utilisation and equity data;
- interpreter and communication support needs;
- consumer and community participation;
- accreditation findings; and
- quality improvement activities.

Monitoring of informed consent must consider the quality of communication and decision-making and must not rely solely on the presence of a signed consent form.

Where feedback, incidents, complaints or data identify recurring concerns, inequitable outcomes or systemic barriers, [Organisation Name] will investigate contributing factors and implement appropriate corrective or improvement actions.

Significant trends, risks and systemic concerns will be escalated through appropriate governance structures.

This policy will be reviewed every two years, or earlier where significant changes occur to legislation, accreditation standards, community expectations, evidence, organisational systems or services, or where identified risks indicate earlier review is required.

10. Breach of Policy

Failure to comply with this policy may compromise patient rights, safety, dignity, autonomy, cultural safety, informed decision-making and quality of care.

Actual or suspected breaches must be identified, reported and managed according to their nature, severity and level of risk.

Where a breach creates an immediate or significant risk to a person's safety, rights, dignity or wellbeing, appropriate action must be taken promptly to protect the person and escalate the matter.

Breaches may be managed through:

- immediate corrective action;
- education, supervision or support;
- clinical or incident review;
- complaint investigation;
- open disclosure;
- performance or disciplinary processes;
- contractual action;
- review of organisational systems; or
- external notification where required.

A person must not experience retaliation, discrimination or inappropriate reduction in access to healthcare because they exercised a healthcare right, declined treatment, withdrew consent, raised a concern or made a complaint.

Where a breach identifies a broader organisational or systemic issue, [Organisation Name] will address contributing factors through governance, risk management and continuous quality improvement processes.

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy and procedure:

Document Title	Type	Location / Access
Australian Charter of Healthcare Rights – Second Edition	Australian Commission on Safety and Quality in Health Care	Australian Charter of Healthcare Rights
Australian Charter of Healthcare Rights – Translations and Accessible Formats	Australian Commission on Safety and Quality in Health Care	Charter Translations and Accessible Formats
National Safety and Quality Health Service (NSQHS) Standards	Australian Commission on Safety and Quality in Health Care	NSQHS Standards
National Safety and Quality Primary and Community Healthcare Standards	Australian Commission on Safety and Quality in Health Care	Primary and Community Healthcare Standards
Primary and Community Healthcare – Partnering with Consumers Standard	Australian Commission on Safety and Quality in Health Care	Partnering with Consumers Standard
RACGP Standards for General Practices	RACGP	RACGP Standards for General Practices
National Aboriginal and Torres Strait Islander Health Plan 2021–2031	Australian Government Department of Health, Disability and Ageing	National Aboriginal and Torres Strait Islander Health Plan 2021–2031 | Australian Government Department of Health, Disability and Ageing
Privacy Act 1988 (Cth)	Australian Government	Privacy Act 1988 - Federal Register of Legislation
Racial Discrimination Act 1975 (Cth)	Australian Government	Racial Discrimination Act 1975 - Federal Register of Legislation
Anti-Discrimination Act 1977 (NSW)	NSW Government	Anti-Discrimination Act 1977 No 48 - NSW Legislation

Document Title	Type	Location / Access
Australian Charter of Healthcare Rights – Second Edition	Australian Commission on Safety and Quality in Health Care	Australian Charter of Healthcare Rights
Australian Charter of Healthcare Rights – Translations and Accessible Formats	Australian Commission on Safety and Quality in Health Care	Charter Translations and Accessible Formats
Health Records and Information Privacy Act 2002 (NSW)	NSW Government	Health Records and Information Privacy Act 2002 No 71 - NSW Legislation
Making Informed Choices	Australian Commission on Safety and Quality in Health Care	Making informed choices (Informed consent)
Cultural Safety Policy	Internal	Internal Document
Clinical Governance Policy	Internal	Internal Document
Organisational Governance Policy	Internal	Internal Document
Communication Policy	Internal	Internal Document
Privacy and Confidentiality Policy	Internal	Internal Document
Complaints and Feedback Policy	Internal	Internal Document
Incident Management Policy	Internal	Internal Document
Continuous Quality Improvement Framework	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft