

# IPOLA Q&A Opportunity panel

11 June 2025

Category	Questions	Answers
Information Privacy	Parts of some agencies (e.g. HR) hold sensitive personal information or deliver health services, but those parts are not considered health agencies. How does this affect IPOLA compliance?	Non health agencies holding health information don't have the benefit of the Prescribed Health Situations - health information is a subcategory of sensitive information, so agencies in this position will need to ensure managed accordingly and in accordance with sensitive info obligations in QPPs 3 and 6.
Information Privacy	What do we need to consider and include in tendering documentation to ensure that we are compliant?	Consider firstly whether you will be collecting personal information - if so, ensure collection is consistent with QPP 3, and QPP 5 notification requirements are met. For broader public survey processes, see OIC's guideline 'Surveys and the Privacy Principles'.
Information Privacy	Do you think the IPOLA changes are flexible enough to cover the advancements in AI and data analytics? Do you have advice to agencies about how to prepare for these advancements?	Stay alert. AI LLMs burst on the scene, and developments in this area are happening at escalating pace. Legislative adaptation on the other hand can take time - however, principles-based regimes such as QPPs are intended to be flexible and technologically neutral. OIC has published guidance in this area: <a href="https://www.oic.qld.gov.au/guidelines/for-government/guidelines-privacy-principles/applying-the-privacy-principles/microsoft-copilot-and-the-privacy-risks-of-using-generative-ai">https://www.oic.qld.gov.au/guidelines/for-government/guidelines-privacy-principles/applying-the-privacy-principles/microsoft-copilot-and-the-privacy-risks-of-using-generative-ai</a> , and there is a WoG information sheet: <a href="https://www.forgov.qld.gov.au/_data/assets/pdf_file/0028/416647/Generative-AI-JAN2024.pdf">https://www.forgov.qld.gov.au/_data/assets/pdf_file/0028/416647/Generative-AI-JAN2024.pdf</a>

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Information Privacy	Can you expand on the privacy requirements for body camera footage? For example - if there is a 3rd party or discussion about one and we don't have the technology to edit - can we refuse the entire document?	OIC's position is that if you collect the footage, you must have the resources (program and skilled users) to redact it for disclosure under an RTI application -- see guideline Managing access to digital video recordings.
Information Privacy	How will the IPOLA reforms affect collecting and using recorded media where no collection notice is given? For example: emergency services operators with body worn cameras capturing vision of a person's home address, or their image or speech (biometric data), or investigators collecting witness / accused person interview footage. Agencies subsequently keep and	Agencies need to be aware of QPP 3 collection obligations - including sensitive information – and exceptions, QPP 5 notice obligations, and QPP 6 limits on use and disclosure.

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	use that material in a range of ways, including giving the footage to the media for News coverage?	
Information Privacy	For OIC audit purposes, should we create a check-box in our records management system which records that the customer's ID was sighted? If a systems-based check-box is not implemented, what other mechanism can we use as proof the ID was sighted?	If it is unnecessary to collect and store the information, then yes consider another means of evidencing that the requirement was met. The specifics will be a business decision for your agency.
QPPs	The RTI and IP Acts discuss 'authorised access'. Who is it that has the authority to 'authorise' access to personal information? For example: if information is collected for a purpose, can a CEO authorise the use	'Authorised' in the context of the QPPs generally appears in the 'authorised or required by' law exception common to many QPPs - this requires an express legal permission, discretion or obligation to do something with the information. QPP 6 - which regulates use and disclosure of personal information - does contain other exceptions which may be relevant from case to case, including the Permitted General and Permitted Health Situations.

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	<p>of that information for a different purpose?</p> <p>Two scenarios:</p> <ul style="list-style-type: none"> <li>- information collected from the individual for a stated purpose is 'authorised' by the CEO for a different purpose.</li> <li>- information collected under a compulsory power such as a search warrant, subsequently used for a purpose different from that stated in the warrant.</li> </ul>	
QPPs	<p>QPP 5 requires agencies to notify an individual about the matters listed in QPP 5.2. Are the QPP 5.2 notification requirements to be interpreted <i>verbatim</i>, or can an agency provide a condensed version of the QPP 5 matters to the individual?</p>	<p>There is some flexibility in how QPP 5 matters can be advised - nevertheless, as with the other QPPs, QPP 5 sets obligations agencies must observe. Agencies may need to obtain their own advice on final form/approach.</p>

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MNDB	Can you please explain how the IPOLA reforms are designed to drive data security changes in agencies? For example, what are the legislated areas of change (e.g.: MNDB), and what signals do these changes send to leaders about implementing security and cultural changes in their agency?	If nothing else, the new MNDB should be a 'selling point' for data security uplift and improvement: a scheme that, in the absence of adequate data security, will require mandatory notification - potentially exposing to agency to breach of information security obligations in the QPPS.
MNDB	I understand the OIC will continue to accept voluntary notifications of a data breach after 1 July if the agency assesses that the breach is not an eligible data breach. However, does IOC have a threshold for voluntary notification, and can agencies expect some guidance from the OIC after making a voluntary notification?	There is no threshold for a voluntary notification, except to say that it will be where agencies are satisfied it is not an eligible data breach but wish to notify OIC, for example, if guidance is requested.

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MNDB	This question relates to recording decisions and keeping supporting evidence in relation to receiving unsolicited information: Can an agency make a policy in respect of common types of unsolicited information, such as resumes or correspondence touting for business, which sets out the actions to be taken on those types of documents?	Agencies always at liberty to develop policies and procedures, and developing basic rules that can inform consistent approach to unsolicited persons information would not be something we discourage! When contemplating action under QPP 4 and the similar disposal obligations in QPP 11, it is crucial that agencies bear in mind overriding obligations under the Public Records Act 2023.
MNDB	"Serious Harm" can be difficult to define. Is there any intention to provide a legal definition of Serious Harm and how agencies apply it in a practical sense?	There is a definition in the legislation -- 'serious harm' is defined in schedule 5 of the IP Act. In addition, the relevant factors to be considered are set out in section 47 of the IP Act. It is intended to require examination and consideration of the circumstances in each case, rather than a black and white answer. "Serious harm" is a phrase used across many jurisdictions, such as NSW IPC, OAIC and the European Union and UK under the General Data Protection Regulation.
MNDB	Does the requirement to publish a 'data breach policy' have to have that name or is it	Both the QPP Privacy Policy and the Data Breach Policy are new requirements under IPOLA. Neither MUST be named as referenced in the legislation. But the documents must be easily identifiable. Naming them as listed is an easy way to do that. If they use a different name, the policy should clearly state something along the lines of "this

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	in substance rather than form?	<p>document has been delivered by (org) to meet requirements under xxx of the Act, requiring a policy".</p> <p>The legislative requirements for a Data Breach Policy may not align with what most agencies consider as a "policy". Agencies can use naming conventions suitable to the agency, as long as the document is easily identifiable.</p>
RTI	After 1 July, which version of the Act applies to an application for review (internal and external) made on a decision made before 1 July?	The Act that existed on the date the application (including an invalid application) are received is the same Act that will be applied through the whole life of the application, right through to reviews and appeals. If an application is received before 1 July 2025, this means the unamended Act will apply. If it is received on or after 1 July 2025, the new legislation will apply.
RTI	Is there a requirement to notify the applicant about QCAT appeal rights in the decision notice?	Yes, the agency must include the review rights in the decision notice, including if the decision is a judicial function decision, that it is only reviewable by QCAT. Section 191 of the RTI Act requires that a decision notice contain certain elements, including 'if the decision is not the decision sought by the person—any rights of review under this Act in relation to the decision, the procedures to be followed for exercising the rights and the time within which an application for review must be made.'
RTI	<p>What are the new timeframes for:</p> <ul style="list-style-type: none"> <li>- contacting the applicant where the application is non-compliant</li> <li>- time period given to the applicant in which</li> </ul>	<p>See section 33 of the RTI Act. The timeframes are:</p> <ul style="list-style-type: none"> <li>- contact the applicant within 15 business days to let them know the defects with the application and explain how to fix it.</li> <li>- the timeframe to consult about this is not defined in the RTI Act (section 38 of the Acts Interpretation Act says if no time is specified then it should be done as soon as possible); and</li> <li>- a further ten business days to notify the applicant of the decision.</li> </ul>

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	to make their application compliant - after the decision is made, the notification period in which the applicant is to receive the decision.	
RTI	Will a decision by the entity that it is not a quasi-judicial entity/function be reviewable (e.g. in a third party consultation)?	<p>This decision is reviewable by the Information Commissioner.</p> <p>This is because the only reason a 3rd party would be objecting to the decision is if a decision is made to disclose information contrary to its objections. That is a reviewable decision under schedule 4A and can be reviewed by agency on internal review or Information Commissioner on external review.</p> <p>It will be open to the 3rd party to raise the issue again to have it considered by the Commissioner, because section 105 of the RTI Act allows the Information Commissioner to decide any matter in relation to the access or amendment application that could have been decided by the Agency.</p>
RTI	Could you please explain the new arrangements to the extension of the processing period?	<p>Instead of the additional periods "not forming part of the processing period" all additional periods will be added together to form one long processing period, e.g., start with 25 business days, add 10 business days to consult with 3P and 5 business days for postal address only. Total processing period is 40 business days for the agency to take any steps allowed or prescribed in the processing period.</p> <p>An applicant can end any agreed extension period without notice to the agency, by applying for external review. The decision becomes deemed upon the applicant making the application for review. See section 86A of the RTI Act.</p>
RTI	Will OIC be providing agencies with template	There is a published checklist.



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	wording or a checklist to assist applicants understand how to make a valid application?	
RTI	Is there any guidance on what the appeal process will be for appeals of judicial decisions where access is refused? Will the agency be expected to appear before QCAT as a party or will it be more of an appeal on the papers?	The agency will be the respondent in the appeal. We cannot give guidance on QCAT's processes, but you will be able to ask QCAT for this information.
IPOLA	What is being done to ensure all statewide/WOG resources and processes are updated to comply with the new privacy obligations? E.g., WOG Standing Offer Arrangements / contract templates, <a href="http://forgov.qld.gov.au">forgov.qld.gov.au</a> , <a href="http://business.qld.gov.au">business.qld.gov.au</a> , etc.	We are aware that agencies are taking responsibility for the contracts, WoG resources/processes, SOAs, etc., that fall within their portfolio. OIC does not 'own' or have responsibility for those, so it is up to the responsible agency to ensure they are ready.

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IPOLA	What is the Information privacy impacts for data offshore such as Geolocation - US?	This largely remains the same as the current provision - personal information may only be disclosed to an entity outside Australia only if the individual agrees, or authorised or required by law, or necessary to prevent serious threat to an individual or public health, safety or welfare, or relevant circumstances apply such as the info will be subject to similar protections as the QPPs, the disclosure is necessary and impractical to obtain the individuals consent but seems likely that they would consent.