

Health Legal Report – September 2025

Welcome to the September 2025 edition of the Health Legal Report.

In this issue of the Health Legal Report we discuss:

- Privacy and AI
- *Aged Care and Other Legislation Amendment Bill 2025 (Cth)*
- A new protected confidences protection for family law litigation.

We also set out some of the Bills we are tracking throughout Australia, as well as some useful information links.



Privacy and AI



By Giovanni Marino, & Lauren Heyward,
Special Counsel Senior Solicitor

Introduction

The significant growth in artificial intelligence over the past few years has opened up numerous possibilities for organisations to improve efficiency. Of particular interest within the healthcare sector, are the potential use cases for AI as a diagnostic tool. However, these AI models require a large amount of data to effectively ‘train’ the model and within the healthcare context, this often requires the use of patient data. For AI developers, partnering with healthcare organisations is an attractive prospect – potentially gaining access to a substantial pre-existing dataset without the need to collect the data themselves.

Of course, this approach raises a number of privacy concerns that must be considered and addressed by organisations proposing to use AI models, whether developing their own models or through the supply of data to third-party developers.

A recent case study involving a diagnostic AI model highlights the necessity for good governance and planning before developing AI models, to ensure the privacy rights of individuals are protected.

Annalise.ai

I-MED Radiology Network Limited (**I-MED**) is Australia’s largest diagnostic imaging network.

On 19 September 2024, the Office of the Australian Information Commissioner (**OAIC**) became aware of media publications alleging I-MED had disclosed patient data, including medical imaging scans, to train a diagnostic AI model. The reports related to the disclosure of medical imaging scans to Annalise.ai, a

former joint venture between I-MED and Harrison.ai, a healthcare AI company.

The joint venture was described by I-MED in a media release announcing the establishment of the joint venture as:

... paving the way for AI technology to improve the delivery of imaging services to patients and health practitioners. This exciting partnership will see radiologists and AI engineers develop world-leading prediction engines for key imaging modalities (such as X-ray, mammography and CT) to assist radiologists to efficiently and accurately diagnose diseases and injuries ...

I-MED’s media release noted that the AI model would be trained using “*millions of labelled anonymised imaging data*” held by I-MED.

The OAIC subsequently make preliminary inquiries with I-MED, Annalise.ai, and Harrison.ai, for the purposes of determining whether an investigation should be opened and consideration of whether the

Privacy Act 1988 (Cth) (**Privacy Act**) had been breached.

The Privacy Act

In broad terms, the Privacy Act and the Australian Privacy Principles (**APPs**) within that Act apply to private sector organisations (other than certain small businesses), and Commonwealth agencies. The APPs govern the collection, use, disclosure and other handling of identifying 'personal information'.

'Health information' is a subset of personal information and is relevantly defined under the Privacy Act to include personal information about the health, illness, disability or injury of an individual, or a health service provided to them, or other personal information collected to provide a health service to them.

Health information is afforded a higher level of protection, given the nature of that information.

Importantly, the Privacy Act does not apply to information that has been de-identified.

The OAIC report

In July 2025, the OAIC published its report into its preliminary inquiries of I-MED. The OAIC was ultimately satisfied that the patient data shared with Annalise.ai was de-identified sufficiently, so that it was no longer personal information for the purposes of the Privacy Act, and therefore outside the scope of the Privacy Act. The OAIC noted that the report was published to inform the community and "as a case study of good privacy practice findings", albeit also noting that it was still open to the OAIC to commence an investigation of I-MED with respect its practices.

While the OAIC's report is not conclusive or exhaustive, it provides an interesting case study for the supply of data, and health information in particular, to train AI models, and the circumstances that enable organisations to participate in such partnerships going forward.

De-identification

As discussed in the OAIC's report, significant consideration was given to whether the processes applied by I-MED to the data satisfactorily de-identified the data. Following inquiries, I-MED shared with OAIC the multi-pronged approach to de-identifying the data prior to sharing it with the AI model.

As outlined in the report, these processes include:

1. segregating the patient data from the underlying dataset,
2. scanning the records with text recognition software,
3. using two hashing techniques (for unique identifiers such as patient ID numbers, and names, addresses and phone numbers),
4. time-shifting dates (to a random date within a specified number of years),
5. aggregating certain fields into large cohorts to avoid identification of outliers, and
6. redacting any text that appears within or within 10% from the boundary of an image scan.

These methods were employed in tandem with contractual provisions that prohibited Annalise.ai from re-identifying the data and disclosing or otherwise publishing the data, as well as ensuring that the data was securely stored and requiring notification to I-MED in the event of a breach. In addition, I-MED had established a 'Data De-Identification Policy and Approach' that governed the sharing of patient data with the model.

Together, these measures ensured that the data, to the satisfaction of the OAIC, was de-identified and therefore fell outside the scope of the Privacy Act.

Although the steps taken by I-MED could not entirely remove the risk of re-identification, the OAIC was satisfied that it reduced that risk to a sufficiently low level and was supported by sound data governance practices.

OAIC's guidance on privacy and developing and training generative AI models

In October 2024, the OAIC published [guidance](#) on privacy when developing and training generative AI models.

This guidance will be useful for organisations engaging with AI models and their training. Though targeted at developers, organisations may use the guidance to understand how best to minimise privacy risks associated with data provided to AI models.

The OAIC has also provided a [checklist](#) to be used when developing or training AI models, outlining the consideration that should be given to potential privacy issues during the process.

Through their handling and de-identification of patient data and the terms of their agreement with the AI developer, I-MED acted largely in line with OAIC's guidance for these situations. I-MED's thorough approach to de-identification addressed many of the risks associated with the use and training of AI models, for example, the unauthorised use or disclosure of an individual's personal information.

The OAIC guidance promotes an extensive and detailed planning stage prior to entering data to the model, such as using a privacy impact assessment, privacy by design approach, and the implementation of other practices, procedures and systems to ensure that applicable privacy obligations can be met.

Organisations must ensure that the information provided to the AI model is accurate and that all necessary consents have been obtained from the individuals to whom the information relates. This is important given the requirements of the APPs, which generally limit the use or disclosure of personal information to the primary purpose for which it was collected, unless a specified permitted circumstance applies for secondary use or disclosure. For example, in the case of historic patient data (health information) the information would typically have been collected to provide a health service, so use of that data to train an AI model will be a secondary purpose use. Permitted circumstances under the APPs for this secondary use include where the patient consents, or where the use is directly related to the purpose of collection and is reasonably expected by the patient (which would need to be considered on a case-by-case basis, including

by looking at what information was previously provided to the patient).

As demonstrated in the I-MED case study, where the data can be de-identified, the Privacy Act and APPs will not apply. When using de-identified information, the OAIC recommends that 'robust de-identification processes' are used. The I-MED case study provides an example of what these processes may look like.

Conclusion

AI presents an interesting opportunity for organisations to improve efficiencies and enhance their practices. In healthcare, this could mean improved patient outcomes. However, organisations must be aware of the privacy implications if they intend to use their existing datasets to develop or train AI models. In line with the OAIC guidance, organisations should put considerable thought and planning into the use or disclosure of data to develop AI models to ensure that privacy obligations can be met.

Where data is de-identified, the Privacy Act will not apply, but the de-identification processes must be rigorous and appropriately de-identify the data. These processes can be used in conjunction with organisational policies relating to privacy and AI. These measures should also be reflected in the contract terms with any proposed AI partners, ensuring that any partners are subject to the same requirements.

If you have any questions arising out of this article or require any assistance, please contact [Lauren Heyward](#) or [Giovanni Marino](#) on (03) 9865 1300.

Health Legal in the spotlight

Congratulations to our CEO and Legal Counsel, **Natalie Franks**, on being named Leading Health & Aged Care Lawyer in **Doyle's Leading Health & Aged Care Lawyers – Victoria, 2025** awards.

Following Health Legal's recognition as a **Leading Health & Aged Care Law Firm**, this is an outstanding achievement for both Natalie and Health Legal as leading Health & Aged Care experts.



Staff Profile

Karen Cusack – Senior Consultant

Karen is a seasoned legal professional with over two decades of experience in the health sector. She served as Corporate Counsel at The Royal Women's Hospital and was Victoria's inaugural Health Complaints Commissioner from 2017. In 2023, she became Senior Legal Counsel at Eastern Health.

In October 2024, Karen joined Health Legal as a Senior Consultant, bringing extensive expertise in health law and regulatory matters.

Areas of expertise:

- Health and Medico-legal law
- Regulatory and compliance advice
- Contracts and commercial advice
- Privacy
- Freedom of information
- Legislative compliance



[Health Legal](#) and [Law Compliance](#) are on LinkedIn.

Follow us for current news and updates.

Cybersecurity and IT Management

Health Legal and Law Compliance are aware that everyone is constantly aiming to have the highest possible cybersecurity in place from spam and hackers, as we are too. Sometimes, unfortunately firewalls and spam filters are also preventing us from sending emails to our clients.

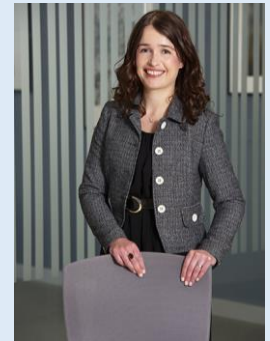
To ensure you receive all future communications promptly and avoid difficulties with our Law Compliance and Health Legal emails reaching you and/or your team (because of these varied spam filtering services falsely classifying emails as spam or going into junk folders), we ask that you please let your IT team know to whitelist the following addresses:

- healthlegal.com.au;
- info@mailgun.lawcompliance.com.au;
- lawcompliance.com.au;
- our account system accountright@apps.myob.com

Should you or your IT team have further questions regarding this, please feel free to contact us.

Health Alert

Aged Care and Other Legislation Amendment Bill 2025 (Cth)



By Astrid Keir-Stanley,
Chief Legislative Advisor

On 4 September 2025 the *Aged Care and Other Legislation Amendment Bill 2025 (Cth)* (the **Bill**) passed the Federal Parliament.

The amendments to the new *Aged Care Act 2024 (Cth)* (the **new Act**) and the *Healthcare Identifiers Act 2010 (Cth)* (the **HI Act**) as discussed below, are scheduled to commence immediately after the new Act commences (i.e. on 1 November 2025).

Operationally Significant Changes

The Bill makes a number of technical changes to the new Act to ensure that the new Act can operate as originally intended. The Bill also makes important amendments to the HI Act to enable healthcare identifiers and other identifying information to be used in relation to the delivery of health and aged care and other support services.

Further Information

Amendments to the new *Aged Care Act 2024 (Cth)*

The majority of the changes introduced by the Bill are technical and consequential changes to ensure that the new Act can operate as originally intended. For example, the Bill amends the new Act to essentially restore a number of existing requirements under the current *Aged Care 1997 (Cth)* framework; but which were not originally included in the new Act. These requirements include, for example:

- it will be a condition of registration that a registered provider of a kind prescribed by the new Aged Care Rules establishes and maintains a refundable deposit register relating to refundable deposits, accommodation bonds, or entry contributions paid to, or held by the registered provider.
- A registered provider (or a responsible person of a registered provider) will commit an offence if there is a non-permitted use of an accommodation bond, and within 5 years of that use there is an insolvency event in relation to the entity where there is at least one outstanding accommodation payment balance.
- the Department of Health, Disability and Ageing will be empowered to give an approved residential care home a low star rating for quality if the registered provider in relation to whom the approved residential care home is approved, fails to comply with requirements under the new Act to report on that quality.

Amendments to the *Healthcare Identifiers Act 2010 (Cth)*

The Bill also makes important amendments to the HI Act to enable healthcare identifiers and other identifying information to be used in relation to the delivery of health and aged care and other support services.

The current healthcare identifiers framework under the HI Act is narrow. At present, healthcare identifiers are only able to be assigned to healthcare providers (e.g. General Practitioners, nurses, specialists, some allied health providers, and pharmacists) and healthcare organisations (e.g. hospitals and general practices). As a result, there are currently gaps for patients

receiving other support from disability and aged care organisations that are not currently eligible for a healthcare identifier or able to handle healthcare identifiers. Through the introduction of a new category of healthcare identifier for healthcare support service providers that provide services and support for older individuals and people with disability (such as in home care and personal care services), the new changes introduced by the Bill will authorise healthcare support service providers to collect, use and disclose the healthcare identifiers of their clients and other providers.

[Click here to view the bill.](#)

*If you have any questions arising out of this article, please contact **Astrid Keir-Stanley** on **(03) 9865 1311** or email astrid.keir-stanley@lawcompliance.com.au.*



Aged Care Agreements – are yours compliant?

With the release of the Aged Care Rules, our consumer **Support at Home Service Agreement**, **CHSP Agreement** and **Associated Provider Services Agreement** templates are now available.

The templates reflect the new requirements under the Aged Care Act and have been designed to be user friendly.

Annual subscriptions to ensure that the templates reflect any future changes to the Aged Care Act are also available.

*Please contact **Giovanni Marino** at Health Legal on **(03) 9865 1339** or via email giovanni.marino@healthlegal.com.au to ensure that your templates are legally compliant.*

How to use the new Victorian Government eServices agreement

On 1 July 2025 a new Victorian Government eServices (IT) agreement was released. The new agreement combines the previous eServices and IT infrastructure contracts into a more simplified contract.

There is a long form and short form version. The short form is appropriate for low risk/low complex procurements valued under \$1m and long form is appropriate for complex procurements valued over \$1m.

The agreement is in three parts – the Contract Terms, Contract Schedules and the Ordering Document where all the transaction details are recorded including the term, completion date, fees and payment and whether AI can be used. Suppliers need to sign a Deed of Registration to confirm eServices register membership.

The agreement is more flexible as it allows the supplier's end user licensing agreements (EULA) to be attached. As with the old eServices agreement there is a favourable liability position where the cap does not apply to personal injury, death or damage to tangible property, a breach of an obligation of confidence, privacy or information security, fraud or the supplier's liability under the IP indemnity. There is also a right to terminate for convenience on 1 months' notice (although reasonable unavoidable costs incurred by the supplier to third parties are claimable by the supplier). The new agreement now includes the option for hardware procurement and maintenance which was not included in the old eServices agreement.

Feel free to contact **Sarah Caraher** at sarah.caraher@healthlegal.com.au or on **(03) 9865 1334** if you need assistance using the new Agreement.

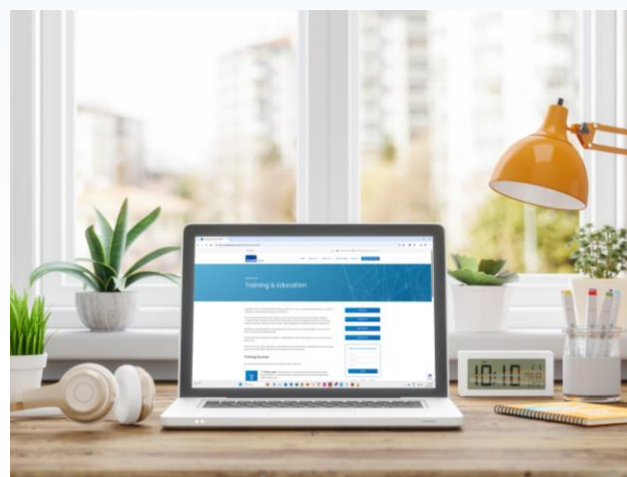
Training Courses for Staff

Health Legal has launched a number of training courses which have been designed specifically to meet the needs of staff working in public and private hospitals, aged care facilities, CASAs, PHNs and community health centres.

The courses cover topics such as consent and substitute decision making, patient records and documentation, effective complaints handling, privacy, information management and cybersecurity, whistleblower protection, directors' duties and executive liability and health practitioner regulation. Sessions focussing on contract law essentials, construction contracts, property and leasing and procurement practices, as well as a series of workplace law seminars will also be run.

We are happy to run the sessions at your premises if there is sufficient demand.

Click on the image below for details on our website.



For further information about our training please contact **Karen Cusack** on **(03) 9865 1300** or via email karen.cusack@healthlegal.com.au.

A new protected confidences protection for family law litigation



By Chris Chosich,
Senior Associate

Introduction

Many health and counselling organisations receive subpoenas seeking the production of records for use in family law proceedings. Often these proceedings involve allegations of family violence and are characterised by high conflict between the parents. Historically, there has been no express protection of these records in legislation, unlike in State/Territory criminal (and sometimes civil) courts.

However, on 10 June 2025, reforms were made to the *Family Law Act 1975* (Cth) to give the Federal Circuit and Family Court of Australia the power to direct that documents containing ‘protected confidences’ not be produced, inspected or used as evidence in Court where the risk in production, inspection or use outweighs the utility of the evidence.

In doing so, the Court must balance 2 public interests:

- The public interest in maintaining the confidentiality of highly sensitive material and encouraging people with health and other issues to seek assistance without fear that their confidential information will be used against them. Relatedly, there is also the risk of systems abuse, where a perpetrator of family violence subpoenas records to cause distress.
- The public interest in the Court having all relevant evidence before it. For example, legally legitimate uses of records in family law proceedings include obtaining information about a parent’s drug or alcohol dependence (which might be relevant to parenting capacity), testing allegations of violence made in the proceeding, getting insight into the

medical condition of a child or a parent, each of which may be relevant to a decision about how parenting decisions should be made. This aspect of the public interest is given particular weight in family law matters because the Court is obliged to consider the interests of the children as paramount. In this context, adverse effects of disclosing sensitive information can be justified in ensuring the interests of the children are protected.

When does the new protection apply?

The protected confidences protection applies to any protected confidence or document recording or in relation to a protected confidence.

A protected confidence is defined (in summary) as a communication:

1. made in the course of, or in connection with, a relationship where one person acts in a professional capacity to provide another person with:
 - a health service (e.g. an activity intended to assess, maintain, improve or manage health);
 - a specialist family violence or sexual assault service; or
 - any other kind of service prescribed in the Family Law Regulations (at time of writing, no services have been prescribed); and
2. where the person providing the service is under an obligation not to disclose the information.

Section 102BD expressly empowers the Court to direct that a document or part of a document not be produced, inspected or copied in response to a subpoena (and other kinds of court-ordered disclosure) if compliance would disclose a protected confidence or the contents of a document recording or relating to a protected confidence.

Who can ask for a direction?

The Court may make the direction on its own initiative, or on objection made by a party (e.g. the mother or father in the proceeding), the provider of the service or the organisation that controls the records. Where the records relate to a child, an objection may also be made by a person with (or who proposes to have) parental responsibility, the independent children's lawyer or a person with care of the child.

Where an objection is made on the basis of a protected confidence, the person to whom the subpoena applies is not required to comply until the Court has decided whether to give the direction. However, the Court may order that the document is produced to the Court for the purposes of deciding whether to give the direction.

When can a direction be made?

The Court's power to limit inspection is set out in s 102BE of the *Family Law Act 1975* (Cth). It says that the Court may give a direction if it is satisfied of the following 2 criteria:

- it is likely that harm would or might be caused (directly or indirectly) to the protected confider (i.e. the person whose information is being subpoenaed), or to a child to whom the proceedings relate, if the evidence were adduced

or the document or part produced, inspected or copied; and

- the nature and extent of the harm outweighs the desirability of producing, inspecting or copying the document or part.

The first criterion will be relatively easy to establish, as harm can include (but is not limited to) physical and psychological harm, psychological oppression, mental distress, a detrimental effect on the other party's capacity to care for a child and financial harm. It will be a reasonably straightforward matter to establish the first criterion, as in many cases the disclosure of sensitive records would be associated with some level of mental distress.

However, establishing the second criterion (where the harm is balanced against the desirability of producing, inspecting or copying the document) will be far more difficult. It is here that the competing public interests mentioned above come into play. The Court now has a structure set of factors that it **must** consider if an objection is made to the production of a protected confidence. These include (without limitation) the importance of the evidence, the availability of other evidence that could address the same matters, the nature and extent of the harm, the public interest in maintaining confidentiality of protected confidences (i.e. health and sexual assault and family violence counselling relationships). Importantly, the best interests of the children remain the paramount consideration.

Case study

The recently published decision of *Benson & Jeffreys (No 2)* [2025] FedCFamC1F 537 provides an example of the protected confidences protection in practice. In that case, the Federal Circuit and Family Court of Australia dismissed a psychologist's protected confidences objection to the production of her records about the mother. The mother and the father had been engaged in high conflict litigation about the care of their 2 children. At the time of the decision, previous parenting orders had broken down and each parent sought sole responsibility for the children. An Independent Children's Lawyer was appointed by the Court to make submissions on the best interests of the children.

Family violence was in issue in the proceeding. The mother alleged that the father was a perpetrator of family violence and relied on an affidavit prepared by

her psychologist (Ms N). However, also before the Court were concerns expressed by a family report writer and a Senior Judicial Registrar of the Court that the mother had fixed views, was reluctant to engage in supports about parental conflict and had undermined the father in the eyes of the children.

In this context, the Independent Children's Lawyer subpoenaed the records of a psychologist, Ms N. Ms N objected to production because she considered that she was bound by the Multi-Agency Risk Management Framework (MARAM), which guide professionals and services in assessing and managing risks of family violence to object because the records were so sensitive by their very nature that the father should not be permitted to inspect them. Importantly, however, she did not give any evidence about the potential risks to the mother.

The Court accepted that Ms N's records about the mother contained records of protected confidences (and could be subject of a protected confidences objection) because:

- Ms N was a psychologist who provided a health service to the mother.
- That service was subject to a duty of confidence.

The Court acknowledged that there was a public interest in maintaining protected confidences, but decided to compel the production of the records because:

- There was no other evidence that the mother had undertaken any treatment except with Ms N.
- Ms N had previously produced records in earlier rounds of litigation and this had occurred without objection.
- It was satisfied that the mother's mental health and capacity for insight with respect to parenting was in issue.
- There was no evidence about the risk of harm to the children or mother (notwithstanding that the mother was represented and had the opportunity to make submissions on this point).
- There was a public interest in the Court making a decision on all relevant facts, even if this involved some trespass on a protected confidence.

- The mother and father did not oppose release of the records, subject to a limit that the father only inspect the records in the presence of his lawyer.

It should be noted also that the mother relied on Ms N's affidavit in support of her case, which increases the legitimacy of the subpoena.

The Court concluded:

This family has been through an extraordinary amount of litigation. It must cease with the upcoming hearing. For this reason, it is in the best interests of the children that the case of each parent be thoroughly scrutinised. On the facts of this case, that scrutiny includes an examination of the notes of the mother's psychologist. The concept of harm has simply not been articulated before me today in such a way that it outweighs the importance which may ultimately attach to testing each parent's case by reference to the documents in question.

The Court ordered that Ms N's objection be dismissed and, as stated above, the father was not permitted to inspect the records except in the presence of his solicitor.

Conclusion

There is now a protected confidences protection in Australian family law proceedings. However, Courts always had the power to prevent inspection of documents on grounds of risk and so it remains to be seen whether the new protection will materially improve the prospects of objection for health and counselling services.

The case of *Benson & Jeffreys (No 2)* demonstrates that, as before, a protected confidences objection will turn on the nature and extent of the risk, the strategy adopted by that patient/client and the other material before the Court.

Managing these subpoenas can be resource intensive and complex because clients must often act on incomplete information (e.g. without knowledge of what other evidence is in the litigation) and must carefully manage a therapeutic relationship. Further, if an objection is dismissed, the provider may be exposed to costs.

Given this complexity, where a family law subpoena is received and an objection is being considered, legal advice in relation to the handling of the subpoena should always be sought.

Law Compliance Update

With an expanding legal content team, supported by a dedicated group of in-house tech developers, Law Compliance (which is a division of Health Legal) has accelerated system development this quarter introducing powerful new enhancements designed to streamline compliance management for clients.

Introducing Single Sign On for Comply Online

We are pleased to introduce Single Sign-On (SSO) support for Comply Online, designed to provide our clients with a more secure and streamlined login experience.

With SSO, staff can sign in using their existing organisational credentials, eliminating the need for additional usernames and passwords. This also ensures that when team members leave the organisation, their access to Comply Online is automatically revoked, enhancing both security and efficiency.

As part of the initial rollout, Comply Online will support Microsoft Entra ID (formerly Azure Active Directory) and Okta. Once enabled for the organisation, users are able to log in conveniently via a new “Sign in with Microsoft” or “Sign in with Okta” option directly on the Comply Online login page.

If your organisation uses another OIDC-compatible SSO provider, we encourage you to let us know so we can assess compatibility and support a smooth onboarding process.

Law Compliance subscribers wishing to use SSO should reach out to your Client Relationship Manager to ensure that this functionality is activated for your organisation.

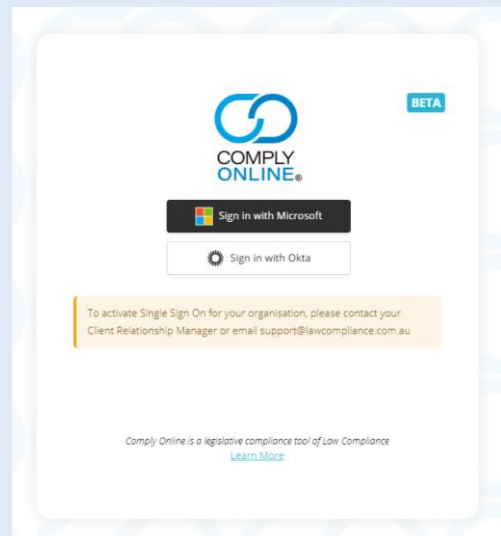
API Integration with GRC Systems

While our legislative compliance products can be accessed directly from us via our purpose-built platform Comply Online, we also partner with some of the most trusted governance, risk, and compliance (GRC) providers in the industry to deliver a truly seamless integration experience.

Our in-house development team has created a robust API that streams legislative compliance obligations and self-assessment questions directly into GRC platforms. This ensures effortless ingestion, reduces complexity, and provides a faster, more efficient compliance journey for our clients.

GRC’s **Folio** and **Riskware** are already consuming Law Compliance’s API, and by early 2026 we will also have integrations in place with **Protecht** and **CGR**. Discussions are also underway with other GRCs. This ongoing expansion reflects our commitment to offering clients the flexibility to work within their preferred GRC environment.

We are continually expanding and enhancing our partner network. If your organisation works with a GRC provider not listed here, we would be happy to explore opportunities to connect and support your compliance needs.



For more information please contact **Chris Martin** or **David McKessey** on (03) 9865 1300 or email info@lawcompliance.com.au.

Who is Law Compliance?

Law Compliance is a legislative compliance business of Health Legal.

Whilst initially focussed on health care organisations Law Compliance now provides compliance services to hundreds of organisations across Australia and thousands of users. This number grows each month. Our aim is to make compliance easy.

Our clients range from small rural community service organisations to government related entities to some of Australia’s largest health care organisations, local councils, universities, charities, community service organisations, aged care providers and child care organisations.

Our online platform, **Comply Online**[®], continues to be successfully rolled out across Australia. With Comply Online[®] our subscribers can easily:

- assign topics to individuals within their organisation
- monitor organisation wide compliance activity
- produce a variety of compliance reports, including audit and risk compliance reports



For more information about Comply Online[®] or to arrange a free demonstration, please go to: <https://lawcompliance.com.au/comply-online/> or contact David McKessy on (03) 9865 1300 or david.mckessy@lawcompliance.com.au.



Some of the Legislative Changes being tracked

Western Australia

Charitable Collections Amendment Bill 2025 (WA)
 Education and Care Services National Law Application Bill 2024 (WA)
 Education and Care Services National Law Application Bill 2025 (WA)
 Evidence Bill 2025 (WA)
 Liquor Control Amendment Bill 2025 (WA)
 Mining Amendment Bill 2025 (WA)
 Statutes (Repeals and Minor Amendments) Bill 2025 (WA)

Northern Territory

Anti-Discrimination Amendment Bill 2025 (NT)
 Environment Protection (Beverage Containers and Plastic Bags) Legislation Amendment (Expansion of CDS and Other Matters) Bill 2025 (NT)

Queensland

Coroners (Mining and Resources Coroner) Amendment Bill 2025 (Qld)
 Education (General Provisions) Amendment Bill 2025 (Qld)
 Health Legislation Amendment Bill (No. 2) 2025 (Qld)
 Heavy Vehicle National Law Amendment Bill 2025 (Qld)
 Queensland Building and Construction Commission and Other Legislation Amendment Bill 2025 (Qld)

New South Wales

Anti-Discrimination and Crimes Legislation Amendment (Disability) Bill 2024 (NSW)
 Child Protection (Working with Children) and Other Legislation Amendment Bill 2025 (NSW)
 Children (Education and Care Services National Law Application) Amendment Bill 2025 (NSW)
 Game and Feral Animal Legislation Amendment (Conservation Hunting) Bill 2025 (NSW)
 Police Legislation Amendment (Miscellaneous) Bill 2025 (NSW)
 Residential Tenancies Amendment (Animals in Residential Premises) Bill 2024 (NSW)
 Road Transport Legislation Amendment (Post-Crash Drug and Alcohol Testing) Bill 2025 (NSW)
 Suicide Prevention Bill 2025 (NSW)
 Surveillance Devices Amendment (Public Interest Exemptions) Bill 2023 (NSW)
 Transport Legislation Amendment Bill 2025 (NSW)
 Workers Compensation Legislation Amendment (Reform and Modernisation) Bill 2025 (NSW)
 Workers Compensation Legislation Amendment Bill 2025 (NSW)

Commonwealth

Accountability of Grants, Investment Mandates and Use of Public Resources Amendment (End Pork Barrelling) Bill 2024 (Cth)
 Aged Care Legislation Amendment Bill 2024 (Cth)
 Anti-Money Laundering and Counter-Terrorism Financing Amendment (Making Gambling Businesses Accountable) Bill 2024 (Cth)
 Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025 (Cth)
 Australian Centre for Disease Control Bill 2025 (Cth)
 Broadcasting Services Amendment (Healthy Kids Advertising) Bill 2023 (Cth)
 Childhood Gender Transition Prohibition Bill 2023 (Cth)
 Commonwealth Electoral Amendment (Cleaning up Political Donations) Bill 2023 (Cth)
 Commonwealth Electoral Amendment (Lowering the Donation Disclosure Threshold) Bill 2023 (Cth)
 Corporations Amendment (Streamlining Advice Process) Bill 2024 (Cth)
 Customs Amendment (Preventing Child Labour) Bill 2023 (Cth)
 Defence Trade Controls Amendment (Genocide, War Crimes and Crimes Against Humanity) Bill 2024 (Cth)
 Electoral Legislation Amendment (Electoral Communications) Bill 2025 (Cth)
 Electoral Legislation Amendment (Electoral Communications) Bill 2025 (No. 2) (Cth)
 Electoral Legislation Amendment (Fair and Transparent Elections) Bill 2024 (Cth)
 Environment Protection and Biodiversity Conservation Amendment (Climate Trigger) Bill 2022 (No. 2) (Cth)
 Fair Work Amendment (Paid Reproductive Health Leave and Flexible Work Arrangements) Bill 2025 (Cth)
 Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023 (Cth)
 Fair Work Legislation Amendment (Small Business Redundancy Exemption) Bill 2023 (Cth)
 Fair Work Legislation Amendment (Small Business Redundancy Exemption) Bill 2023 (Cth)
 Great Australian Bight (World Heritage Protection) Bill 2025 (Cth)
 Higher Education Support Amendment (End Dirty University Partnerships) Bill 2025 (Cth)
 Higher Education Support Amendment (Fair Study and Opportunity) Bill 2024 (Cth)
 Housing Legislation Amendment (Fair Share for Regional Housing) Bill 2024 (Cth)
 Intelligence Services Legislation Amendment Bill 2023 (Cth)
 Keeping Cash Transactions in Australia Bill 2024 (Cth)
 Legalising Cannabis Bill 2023 (Cth)
 Lobbying (Improving Government Honesty and Trust) Bill 2025 (Cth)
 Nature Positive (Environment Information Australia) Bill 2024 (Cth)
 Nature Positive (Environment Law Amendments and Transitional Provisions) Bill 2024 (Cth)
 Nature Positive (Environment Protection Australia) Bill 2024 (Cth)
 Public Sector Superannuation Legislation Amendment Bill 2022 (Cth)
 Reducing Supermarket Dominance Bill 2024 (Cth)
 Repeal Net Zero Bill 2025 (Cth)
 Repeal Net Zero Bill 2025 (No. 2) (Cth)
 Requiring Energy Infrastructure Providers to Obtain Rehabilitation Bonds Bill 2024 (Cth)
 Strengthening Oversight of the National Intelligence Community Bill 2025 (Cth)
 Telecommunications Amendment (Enhancing Consumer Safeguards) Bill 2025 (Cth)
 Telecommunications and Other Legislation Amendment Bill (Cth)
 Tertiary Education Legislation Amendment (There For Education, Not Profit) Bill 2025 (Cth)
 Treasury Laws Amendment (Divesting from Illegal Israeli Settlements) Bill 2024 (Cth)
 Treasury Laws Amendment (Strengthening Financial Systems and Other Measures) Bill 2025 (Cth)
 Truth and Justice Commission Bill 2024 (Cth)
 Wellbeing of Future Generations Bill 2025 (Cth)
 Whistleblower Protection Authority Bill 2025 (Cth)
 Whistleblower Protection Authority Bill 2025 (No. 2) (Cth)

South Australia

Cannabis Legalisation Bill 2022 (SA)
 Construction Industry Commissioner Bill 2022 (SA)
 Education and Children's Services (Parental Primacy) Amendment Bill 2024 (SA)
 Fair Trading (Lifespan of Electrical Products) Amendment Bill 2022 (SA)
 Fines Enforcement and Debt Recovery (Miscellaneous) Amendment Bill 2025 (SA)
 Freedom of Information (Ministerial Diaries) Amendment Bill 2022 (SA)
 Freedom of Information (Miscellaneous) Amendment Bill 2023 (SA)
 Government Advertising Bill 2024 (SA)
 Health Care (Ambulance Response Targets) Amendment Bill 2023 (SA)
 Heritage Places (Great Australian Bight) Amendment Bill 2025 (SA)
 Independent Commission Against Corruption (ICAC Recommendations) Amendment Bill 2024 (Connie Bonaros MLC) (SA)
 Children, Youth and Families Amendment (Home Stretch) Bill 2023 (Vic)
 Children, Youth and Families Amendment (Raise the Age) Bill 2022 (Vic)
 Disability and Social Services Regulation Amendment Bill 2024 (Vic)

Independent Commission Against Corruption (ICAC Recommendations) Amendment Bill 2024 (Robert Simms MLC) (SA)
 Independent Commission Against Corruption (ICAC Recommendations) Amendment Bill 2024 (Sarah Game MLC) (SA)
 Mental Health (Community Visitor Scheme) Amendment Bill 2025 (SA)
 Period Products and Facilities (Access) Bill 2025 (SA)
 Pet Food (Marketing and Labelling) Bill 2024 (SA)
 Planning, Development and Infrastructure (Fast Food Restaurant near Schools) Amendment Bill 2025 (SA)
 Residential Tenancies (Minimum Standards) Amendment Bill 2024 (SA)
 Statutes Amendment (Animal Welfare Reforms) Bill 2022 (SA)
 Statutes Amendment (Community and Strata Titles) Bill 2024 (SA)
 Surveillance Devices (Prescribed Residential Premises) Amendment Bill 2024 (SA)
 Unclaimed Goods (Miscellaneous) Amendment Bill 2025 (SA)

ACT

Civil Law (Wrongs) (Organisational Child Abuse Liability) Amendment Bill 2025 (ACT)
 Health Legislation Amendment Bill 2025 (No 2) (ACT)
 Human Rights (Housing) Amendment Bill 2025 (ACT)
 Justice and Community Safety Legislation Amendment Bill 2025 (No 2) (ACT)
 Payroll Tax Amendment Bill 2025 (ACT)
 Public Sector (Closing the Gap) Legislation Amendment Bill 2025 (ACT)
 Residential Tenancies (Posting Termination) Amendment Bill 2025 (ACT)
 Statute Law Amendment Bill 2025 (ACT)
 Workplace Legislation Amendment Bill 2025 (No 2) (ACT)

Tasmania









Charities and Associations Law (Miscellaneous) Amendment Bill 2024 (Tas)
 Electoral Disclosure and Funding Amendment Bill 2024 (Tas)
 Justice and Related Legislation (Miscellaneous Amendments) Bill (No.2) 2024 (Tas)
 Residential Tenancy (No Cause Evictions) Amendment Bill 2025 (Tas)
 Residential Tenancy Amendment Bill 2024 (Tas)
 Work Health and Safety Amendment (Industrial Manslaughter) Bill 2024 (Tas)

Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Bill 2025 (Vic)
 Planning and Environment Amendment (Soil Protection) (Solar Power Generation Facilities) Bill 2023 (Vic)
 Public Health and Wellbeing Amendment (Health Services Performance Transparency and Accountability) Bill 2023 (Vic)

Residential Tenancies Amendment (Rent Freeze and Caps) Bill 2023 (Vic)
 State Taxation Further Amendment Bill 2024 (Vic)
 State Taxation Further Amendment Bill 2024 (Vic)
 Voluntary Assisted Dying Amendment (Equity and Access) Bill 2024 (Vic)
 Wage Theft Amendment Bill 2025 (Vic)

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