

## **ST JOHN'S WAY MEDICAL CENTRE**

### **CONFIDENTIALITY POLICY**

Everyone working in general practice must understand the rules of confidentiality. All information about patients is confidential: from the most sensitive diagnosis to the fact of having visited the surgery or being registered at the practice.

The duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.

All patients can expect that their personal information will not be disclosed without their permission except in the most exceptional of circumstances, when somebody is at grave risk of serious harm.

#### **Responsibilities of practice staff**

Standards of confidentiality apply to all health professionals, administrative and ancillary staff including receptionists, secretaries, practice managers, cleaners, maintenance staff and students.

They must not reveal to anyone outside the practice personal information that they learn in the course of their work, or due to their presence in the surgery, without the patient's consent. Nor will they discuss with colleagues any aspect of a patient's attendance at the surgery in a way that might allow identification of a patient, unless to do so is necessary for that patient's care.

Practice staff should work together as a team to ensure that standards of confidentiality are upheld and that improper disclosures are avoided. If a member of staff is unsure about the rules of confidentiality in a specific case they should seek the advice of one of the partners or the practice manager.

#### **External contractors and visitors to the Practice**

It will be a condition of employment for all outside contractors to sign a confidentiality agreement prior to starting work on practice premises. Other visitors to the practice are also subject to this confidentiality policy and, where appropriate, will be asked to sign their agreement.

#### **If disclosure is necessary**

If a patient or another person is at grave risk of serious harm which disclosure to an appropriate person would prevent, the relevant health professional will counsel the patient about the benefits of disclosure. If the patient refuses to allow disclosure, the health professional can take advice from colleagues within the practice, or from a professional, regulatory or defence body, in order to decide whether a disclosure without consent is justified to protect the patient or another person. If a decision is taken to disclose, the patient should always be informed before the disclosure is made, unless to do so could be dangerous. If at all possible, any such decisions should be shared with another member of the practice team.

Any decision to disclose information to protect the health, safety or well-being will be based on the degree of current or potential harm, not on the age of the patient.

<p style="text-align: center;"><b>St John's Way Medical Centre</b></p> <p style="text-align: center;"><b>Staff Confidentiality Agreement</b></p>
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I understand that all information about patients held by this practice is strictly confidential, from the most sensitive diagnosis to the fact of having visited the surgery or being registered at the practice.

I also understand that the duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.

I have read and understood the practice's confidentiality policy and agree to be bound by its terms.

I will not disclose personal information learned in the course of my employment to anybody outside the practice.

I have received information and training on this matter and understand that a breach of this obligation may result in my dismissal.

Signed .....

Name (Please Print) .....

Date :.....

**St John's Way Medical Centre**

**Contractor and Visitor Confidentiality Agreement**

I understand that all information about patients held by this practice is strictly confidential from the most sensitive diagnosis including the fact of having visited the surgery.

I also understand that the duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.

As a contractor working at St John's Way Medical Centre, I agree to respect the confidentiality of all aspects of the practice and also agree not to seek out any information regarding either the staff and patients of the practice or the general running and management of the practice unless it is related to the contract I am responsible for and only then with the explicit permission of the Practice Manager.

I will not disclose personal or practice information learned in the course of my employment to anybody outside the practice.

Where relevant, I understand that a breach of this obligation may result in my contract being terminated.

Signed .....

Name (Please Print) .....

Date: .....

Organisation/Company Name: .....

Position Held: .....