

# Confidentiality Policy

Confidentiality is the fundamental cornerstone of trust between patient and doctor. Patients have a right to expect that personal information held about them will be done so in the strictest confidence. Because of the nature of Health Service work we hold a great deal of sensitive information about patients, confidentiality is a matter of great importance and the practice requires the highest standards of confidentiality to be maintained by all staff. This means that you must not disclose any information about named patients to any unauthorised persons

## **ANY BREACH OF CONFIDENTIALITY WILL BE VIEWED AS DISCIPLINARY OFFENCE AND COULD RESULT IN INSTANT DISMISSAL**

Ultimately it is the doctor's responsibility, when information is requested, to decide if disclosures can be made or not and there are specific guidelines available to clarify these situations. The real problem occurs if information is disclosed in error or by accident.

### **Exceptions to the general Rule of Professional Confidence**

- Disclosure with patients consent
- Disclosure of children's records
- Matrimonial proceedings
- Disclosure to employers and insurance companies
- Disclosure to colleagues

There are also many legal regulations, which positively require the doctors to pass on certain information about patients including:

- Notifications of infectious diseases in the UK
- Notification of drug addicts

### **Disclosure to third parties.**

If failure to disclose the appropriate information will expose the patient or someone else to the risk of death or serious harm, disclosure to an appropriate authority may be justified e.g.: DVLA if unfit to drive, notifying partner if diagnosed as HIV/AIDS were serious identifiable risk after discussion with patient of intent.

## **Disclosure to the Police.**

No more right to confidential information than anyone else, would either need signed consent from patient or are satisfied that crime under investigation is of sufficient gravity to warrant disclosure. One situation where a doctor is obliged to disclose is Section 172 of the **Road Traffic Act 1988** which states that information should be given which may lead to identification of driver involved.

## **Disclosure in Connection with Judicial Proceedings**

If in the course of legal proceedings a court requires knowledge about a patient's medical details, an order can be made compelling the doctor to reveal those details, or face proceedings for Contempt of Court. This should be accompanied with patient's consent.

## **Disclosure for purposes of Medical Training, Medical Research and Medical Audit.**

If the data is not anonymised the patient's consent must be obtained first.

## **Disclosure after Death.**

Consent may be obtained from executors to the estate. Also the **Access to Health Records Act 1990** provides right of access to deceased patient's records under certain circumstances.

## **Storage and transmission of data.**

Premises on which medical records are held should be kept secure, access via computers should be with the use of passwords to authorised users. If transmitting data via fax, Caldicott rules should be adhered to, and recipient warned beforehand to receive confidential data

## **Caldicott Rules**

The Caldicott report 1997 made 16 recommendations to ensure patient confidentiality, these are summarised by:

- ❖ Needing a formal justification of purpose of using patient identifiable information
- ❖ Information is only transferred when absolutely necessary
- ❖ Only the minimum amount of information required should be divulged
- ❖ Should have need to know access controls
- ❖ All staff need to understand their responsibilities
- ❖ Need to comply with and understand the law

## Never:

- ❑ Gossip about patients
- ❑ Talk where you can be overheard
- ❑ Confirm or otherwise, to others, that a patient has an appointment
- ❑ Leave specific messages with others
- ❑ Answer any questions asked by someone other than the patient
- ❑ Send information by fax unless sure that the receiving machine is in a secure site.

Reviewed 31<sup>st</sup> January 24 – Karen Jones