

Toolkit No 14 – PHARMACY CODE OF CONFIDENTIALITY POLICY

The Pharmacy recognises that the existence of trust and confidence is essential for establishing and maintaining good relationships with patients. As a result we place a high premium on confidentiality and all staff must comply with both the spirit and rules of this Confidentiality Policy.

Confidentiality Regarding Patients

No member of staff may disclose any unauthorised information about a patient or his/her condition directly or indirectly to another member of staff or to a member of the public, either during employment or afterwards.

General Confidentiality

No member of staff may, during employment or afterwards, disclose information of a confidential nature relating to the business carried out by the Pharmacy, its suppliers or staff except to officers of the Practice whose duty it is to have such information.

Guiding Principles for Sharing Confidential Information

- Any patient identifiable information should not be shared without the client's or patient's prior consent.
- Patient information should *only* be used for the purposes that the patient has been informed about and has consented to either implicitly or explicitly.
- Disclosure of information without client consent occurs in two main circumstances:
 - (1) When the information is required by Law or by the Order of a Court
 - (2) When it is considered to be in the public interest
- The public interest means the individual or groups of individuals, or society as a whole and would, for example, cover matters such as serious crime, child abuse, drug trafficking or other activities which place others at risk.
- There is no statutory requirement that a health professional disclose information about a client or patient.
- The consent of the client or person with parental responsibility (if a child) should always be sought wherever possible in accordance with the Trust Consent Policy.
- The request for confidential information should be made in writing, clearly stating what information is needed, why it is needed and how the information will be used and stored. (This information must be sought before information is shared).
- Access to confidential information must be on a need to know basis.
- The person sharing the information must be aware of their responsibilities. A written record must be kept of the reasons for disclosure.

Providing a Confidential Service

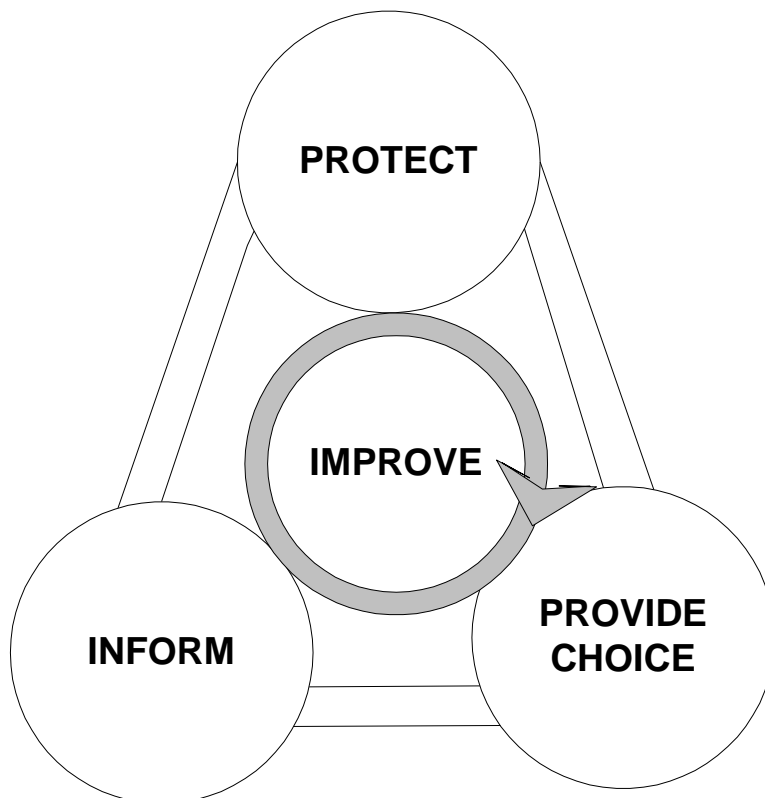
The Confidential Model

The model outlines the requirements that must be met in order to provide patients with a confidential service. Record holders must inform patients of the intended use of their information, give them the choice to give or withhold their consent as well as protecting their identifiable information from unwarranted disclosures. These processes are inter-linked and should be ongoing to aid the improvement of a confidential service. The four main requirements are:

- (a) **PROTECT** – look after the patient’s information.
- (b) **INFORM** – ensure that patients are aware of how their information is used.
- (c) **PROVIDE CHOICE** – allow patients to decide whether their information can be disclosed or used in particular ways.

To support these three requirements, there is a fourth:

- (d) **IMPROVE** – always look for better ways to protect, inform, and provide choice.



The Caldicott Principles

- Justify the purpose.
- Don't use patient identifiable information unless it is absolutely necessary.
- Use the minimum necessary patient identifiable information.
- Access to patient identifiable information should be on a strict need-to-know basis.
- Everyone should be aware of their responsibilities.
- Understand and comply with the law.

Any breach of this policy constitutes Gross Misconduct and will lead to summary dismissal.

I have been informed of

..... Pharmacy Confidentiality Policy and agree that:

I understand within the course of my work, I may have access to or hear confidential material about patients, members of staff or other business affairs of the Pharmacy, NHS or other organisations.

I understand that no information of a personal or confidential nature concerning individuals or the Pharmacy business may be divulged to anyone without proper authority having first been given.

I understand that failure to comply with the above rules will be regarded as serious misconduct, which could result in action being taken against me by my employer, or by others.

I hereby confirm that I will maintain the confidentiality of the information with which I come into contact in the course of my work atPharmacy.

Signature: _____

Name: _____

Date: _____