**Confidentiality Agreement (the Agreement)**

<Pharmacy name/Company name> (the pharmacy)

<Pharmacy address>

The Agreement is between the pharmacy and persons working (but not under a contract of employment) e.g. locum pharmacists or persons visiting the pharmacy who are likely to have access to areas of the pharmacy not generally accessible by members of the public.

The pharmacy is committed to protecting and maintaining the confidentiality of patients’ personal and sensitive personal data and the Agreement is a necessary and reasonable step for the pharmacy to ensure that any personal and sensitive personal data you may have access to during your time at the pharmacy is kept confidential.

Personal data means data which relate to a living individual who could be identified; this may include data such as name, age, address and personal circumstances. In the Pharmacy, this is likely to include sensitive personal data consisting of information as to a patient’s physical or mental health or condition or sexual life etc. Personal data and sensitive personal data may be known or stored on any medium. Photographs, videos, etc. are subject to the same requirements as data stored in health records, on a computer, or provided verbally.

Your attendance at the pharmacy is necessary as part of name of project/task and it is not reasonably practicable because of the nature of project/task for the pharmacy to eliminate the possibility that you may have access to personal data and/or sensitive personal data that is not required as part of project/task.

The pharmacy endeavours to take all reasonable steps to ensure you have access only to the portion of personal data and/or sensitive personal data reasonably necessary to perform project/task. In order for the pharmacy to comply with its confidentiality obligations, we require you to agree to maintain the confidentiality of any personal and sensitive personal data that you have access to during your time at the pharmacy. The pharmacy in consideration of your assent to the Agreement shall permit you to enter the non-public part of the pharmacy, and discuss relevant matters for the purposes of project/task.

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| 1. I agree that I will not at any point during my time at the pharmacy or at any point after the period of time at the pharmacy, disclose or use any personal data or sensitive personal data relating to patients, customers or employees of the pharmacy. | |
| 1. I agree that I will not remove from the pharmacy premises any documents, either printed or electronic, which contain personal data or sensitive personal data. | |
| 1. I understand that breach of this agreement may lead to <Pharmacy name/Company name> no longer continuing with my agreed time in the pharmacy and may result in criminal prosecution or civil proceedings under data protection laws. | |
| I have read, understand and agree to the terms of the Agreement. | |
| **Name:**  **(Block capitals)** | <Person's name> |
| **Organisation**  **(Block capitals)** | <Organisation> |
| **Signature (electronic\* or ink)** | <Electronic signature image may be pasted here or you may delete this text so you can add an ink signature to a completed and printed form> |
| **Date** | <Date> |