

## **Title: Policy on Patient Confidentiality**

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## 1.0 Purpose/Background

All personnel have a professional and contractual obligation to maintain confidentiality in respect of information obtained about patients or fellow colleagues during the course of their duties.

All patients have a right to expect that information held about them will only be used for the purpose intended and will not be released to others without the consent of the patient being obtained.

The aim of this policy is to give guidance to staff in order to avoid breaches in confidentiality.

## 2.0 Scope

This policy applies to all staff.

## 3.0 Responsibilities

All staff

## 4.0 Policy Statements

### 4.1 DEFINITION OF TERMS

- **Confidentiality**

To trust another person with private and personal information about yourself

- **Breach of confidentiality**

A breach of confidentiality occurs if anyone deliberately or accidentally gives information to a third party who is not directly concerned with the care, diagnosis and/or treatment of the patient which has been obtained in the course of professional practice.

- **Disciplinary Consequences of Breaches of Confidentiality**

Breaches of confidentiality are always regarded as serious misconduct and result in serious disciplinary action being taken against the individual concerned, and which can ultimately result in dismissal.

## **4.2 CONFIDENTIALITY RULES**

- 4.2.1 No information should be divulged to anyone other than staff who are directly concerned with the care, diagnosis and/or treatment of the patient.
- 4.2.3 Results or other information should only be given to a medical practitioner or an authorised person acting on behalf of the medical practitioner e.g. Nursing or other professional staff as appropriate.
- 4.2.4 Staff should ensure as far as reasonably possible that the person to whom they are giving results is authorised to receive them e.g. By asking for and recording the person's name and location on a log sheet or on the Pathology Information System.
- 4.2.5 General Practice based staff must quote their Confidentiality Code prior to being given any results over the telephone.
- 4.2.6 In the event that the practice is unable to quote their Confidentiality Code, the practice must be telephoned back prior to the issue of results.
- 4.2.7 If you are in any doubt whatsoever as to the authority of the person asking for information you must seek advice from your line manager prior to divulging information.
- 4.2.8 Results should only be issued direct to the patient where this is standard practice which has been authorised by a medical practitioner e.g. Antenatal haemoglobin, INR, etc.
- 4.2.9 All other patients asking for results or advice on results should be referred to the medical practitioner responsible for the case.
- 4.2.10 Members of staff undergoing laboratory investigations must be afforded the same protection of confidentiality as patients. Information on members of staff must not be divulged to anyone other than staff directly involved in the laboratory testing.
- 4.2.11 Members of staff enquiring about their own results should be referred to the requesting doctor.
- 4.2.12 Under the terms of the Data Protection Act any individual is entitled to see any information about them which is held on a computer system. (There is a formal procedure for applying in writing, and a fee is payable).
- 4.2.13 In the event of a patient insisting on access to computer information, they should be referred to the Pathology Group Manager or a Consultant.

### **5.0 Related documents**

SOP-PATH-038 Confidentiality and consent

### **6.0 References**

POL-MY-029 Confidentiality policy statement

POL-MY-CP-015 Consent to examination and treatment policy