

# **ABBHEY MEDICAL CENTRE**

**DRs JOHN, BARNES, APABHAI and Mr SMITH**

www.abbeymedicalcentre.co.uk

42 Station Road, Kenilworth, Warks CV8 1JD

Tel : 01926 859955 Fax : 01926 851746

## **Abbey Medical Centre.** **Confidentiality Policy and Declaration Agreement for PPG** **Members,Volunteers and Visitors.**

### **1. Introduction**

This policy shall apply to all members of the Patient Participation Group (PPG), volunteers and other visitors to Abbey Medical Centre.

Volunteers shall normally be considered to be those individuals who are not bound to the practice by contract of employment or any other form of contract. Practice staff who have, at any moment in time, responsibility for the conduct and discipline of volunteers within the bounds of the practice, or in meetings, shall be required to comply with this policy in relation to ensuring confidentiality awareness in any situation which may arise.

For the purpose of this policy the definitions of the following key words shall apply:

- *Confidential:* something that is intended to be kept secret, classified, restricted or suppressed; something that is personal, private and trusted.
- *Safeguarding:* protecting the safety and welfare of vulnerable individuals such as children and young people and those with a learning or mental or intellectual impairment.

### **2. Confidentiality and Safeguarding**

- a) All information held at the practice about patients is deemed confidential whether held electronically or in hard copy.
- b) All information about the practice, including financial and staff records, is also deemed confidential whether held electronically or in hard copy.
- c) Members, Volunteers and Visitors should not have direct access to confidential information held by the practice. This includes any information concerning an identifiable patient (or a patient who could potentially be identified on the basis of the confidential information). Access to any such information is only permissible with GDPR Training for example Wellbeing Callers.

- d) If a situation arises where a patient contacts the PPG member directly, the code of conduct and confidentiality agreement must be adhered to.
- e) Any Safeguarding concerns should be reported to staff at AMC immediately.

### **Guidelines for PPG Members/Volunteers – Confidentiality**

1. Discuss your activities with an authorised member of practice staff on a “need to know” basis.
2. Such discussions should be discreet and in private.
3. Oral reporting of your activities should be conducted in private (e.g. with the Group Chair/Practice Lead) or, when it is a part of discussion at public meetings, you should have due regard for discretion and confidentiality.
4. When requesting information from a patient in the Patient Waiting Room, such conversation should be conducted as quietly and discreetly as possible with voices directed away from others who might hear.
5. Where it is easier for the patient to fill in a questionnaire or form they should be invited to do so, but vigilance is then required to ensure that their feedback is not seen by others or lost.
6. Questionnaires, or other forms, completed in the Patient Waiting Room or elsewhere and containing personal details shall be confidential and shall remain in the custody of the volunteer until handed over to the designated member of staff for that activity.

PPG members, Volunteers and Visitors shall not:

- Behave contrary to the preceding guidelines/ best practice.
- Disclose confidential information to any unauthorised persons.
- Copy confidential information for any unauthorised use or reason.
- Remove confidential information from the practice premises.
- Take custody of confidential information when not authorised to do so.

**Confidentiality Policy**  
**Declaration Agreement for PPG Members, Volunteers and Visitors**

**First name:**

**Last name:**

I have read and understood the Confidentiality Policy and Declaration Agreement.

I confirm that I have been briefed by an authorised member of practice staff and have had the opportunity to ask any clarifying questions.

I undertake to always be aware of the nature and importance of confidentiality and understand that the consequence of any breach attributed to me may mean the termination of my PPG member status within the practice.

**Dated:**

**Signature:**  
**Last name: (printed)**