

Confidentiality

GUIDANCE TO Clinical Audit Patient Representatives Initiative (CAPRI) Members

Please read carefully and sign below.

“CONFIDENTIAL NATURE OF CLINICAL AUDIT”

You may, in the course of your duties as a [CAPRI Member], have access to confidential material about patients, staff or other health service material or information. On no account must information relating to identifiable patients or staff be divulged to anyone other than members of the project team. If you are in any doubt whatsoever as to the authority of a person or body asking for information of this nature, you must seek advice from one of the [CAPRI Co-ordinators].

Failure to observe these rules will be regarded by the Trust as serious or gross misconduct and could result in the termination of your position as a [CAPRI Member].

[CAPRI Members] are reminded that information relating to patients is strictly confidential and must not be divulged or discussed either inside or outside the organisation.

No clinical information including dates of contact with any health professional, patient number, address, postcode etc. should ever be released.

Personal information regarding any individual should NOT be given without the individuals' knowledge. If you feel unsure about dealing with this, please speak to [.....].

I have read the above policy and fully understand my responsibilities regarding the confidentiality of my duties.

I understand that any breach of confidentiality may result in the termination of my role as a [CAPRI Member].

[CAPRI Member]

Audit Staff

Name:.....

Name:.....

Signed:.....

Signed:.....

Dated:.....

Dated:.....

[CAPRI] Agreement

Dear

- I am instructed by [Calderdale and Huddersfield NHS Trust] to offer you an appointment as a [CAPRI Member].
- The title and status of this agreement do not create an employment relationship. It attracts no remuneration from the [Trust].
- Whilst undertaking NHS duties, you are normally covered by [Trust Public Indemnity Insurance].
- You must act at all times in accordance with the Trust's Policies and Procedures, copies of which are available in [Voluntary Services Office].
- In the event of sickness or unavoidable absence, you must notify one of the [CAPRI Co-ordinators].
- You must report an accident, incident or injury, however trivial, arising out of, or in the course of your activities in the Trust to the [co-ordinators] and make appropriate records and statements, as required.
- Information concerning patients and their affairs, no matter how insignificant, is strictly confidential and must not be disclosed. It is imperative that patients are assured of complete confidentiality in all aspects of their care at all times.
- The Trust expects high standards of work and behaviour from its [CAPRI Members] and failure to maintain such standards may lead to termination of this agreement.
- The Trust accepts no responsibility for damage to, or loss of, personal property.
- This appointment is subject to a review and may be terminated at any time.
- You will be required to wear a Identity Badge when working as a [CAPRI Member].

Please sign and return to the [Clinical Audit Department].

Yours sincerely

I have read and agreed to the above conditions

[CAPRI Member]

Audit Staff

Name:.....

Name:.....

Signed:.....

Signed:.....

Dated:.....

Dated:.....