

Weobley & Staunton on Wye Surgeries

# CONFIDENTIALITY CODE OF PRACTICE

## INTRODUCTION

GP Practices hold information about patients which must be kept private and confidential.

In some instances patient records can be very sensitive and may contain information concerning third parties. Patient information must not be given to others unless the patient consents or the disclosure can be justified

**Dr Richard Baxter (Partner)** is the **Practice's Caldicott Guardian**.

When he is satisfied that information should be released, the Practice should act promptly to disclose all relevant information. This is often essential to the best interests of the patient, or to safeguard the well-being of others

This Code of Practice outlines how the Caldicott Guardian and all Practice staff will deal with information about its Patients. This document applies to all employees, partners and directors of the organisation. Other individuals performing functions in relation to the organisation such as agency workers, locums and contractors are encouraged to use it.

Furthermore, it also applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS)

## PATIENTS' RIGHT TO CONFIDENTIALITY

### Principles

Patients have a right to expect that information about them will be held in confidence by their doctors. Confidentiality is central to trust between doctors and patients. Without assurances about confidentiality, patients may be reluctant to give doctors the information they need in order to provide good care.

If you are asked to provide information about patients you must:

- Inform patients about the disclosure, or check that they have already received information about it;
- Anonymise data, where unidentifiable data will serve the purpose;
- Be satisfied that patients know about disclosures necessary to provide their care, or for local clinical audit of that care, that they can object to these disclosures but have not done so;

- Seek patients' express consent to disclosure of information, where identifiable data is needed for any purpose other than the provision of care or for clinical audit – save in the exceptional circumstances described in this document;
- Keep disclosures to the minimum necessary; and
- Keep up to date with and observe the requirements of statute and common law, including data protection legislation.

You must always be prepared to justify your decisions in accordance with this guidance

This document sets out the standards outlined in the [Good Medical Practice \(November 2006\)](#) publication that are expected of doctors when they hold or share information about patients.

Additional advice on how the guidance in this booklet should be put into Practice, and on the law relating to the use and disclosure of information about patients, is available in the [Frequently Asked Questions](#) Section at the end of this document.

## **PROTECTING INFORMATION**

When you are responsible for personal information about patients you must make sure that it is effectively protected against improper disclosure at all times

Many improper disclosures are unintentional. You should not discuss patients where you can be overheard or leave patients' records, either on paper or on screen, where they can be seen by other patients, unauthorised health care staff or the public. You should take all reasonable steps to ensure that your consultations with patients are private.

## **SHARING INFORMATION WITH PATIENTS**

Patients have a right to information about the health care services available to them, presented in a way that is easy to follow, understand and use

Patients also have a right to information about any condition or disease from which they are suffering. This should be presented in a manner easy to follow, understand and use, and include information about:

- Diagnosis;
- Prognosis;
- Treatment options;
- Outcomes of treatment;
- Common and / or serious side-effects of treatment;
- Likely time-scale of treatments; and
- Costs where relevant.

You must always give patients basic information about treatment you propose to provide, but you should respect the wishes of any patient who asks you not to give them detailed information. This places a considerable onus upon health professionals, yet, without such information, patients cannot make proper choices as partners in the health care process

You should tell patients how information about them may be used to protect public health, to undertake research and audit, to teach or train clinical staff and students and to plan and organise health care services. See Section [“Disclosing Information for Clinical Audit”](#) for further information.

## **DISCLOSING INFORMATION ABOUT PATIENTS**

You must respect patients’ confidentiality.

Seeking patients’ consent to disclosure of information is part of good communication between doctors, Practice staff and patients. When asked to provide information you must follow the guidance in this document.

## **SHARING INFORMATION WITHIN THE HEALTH CARE TEAM OR WITH OTHERS PROVIDING CARE**

### **Circumstances where patients may give implied consent to disclosure**

Most people understand and accept that information must be shared within health care teams in order to provide their care.

You should make sure that patients are aware that personal information about them will be shared within the health care team, unless they object, and of the reasons for this.

It is particularly important to check that patients understand what will be disclosed if you need to share identifiable information with anyone employed by another organisation or agency who is contributing to their care.

You must respect the wishes of any patient who objects to particular information being shared with others providing care, except where this would put others at risk of death or serious harm

You must make sure that anyone to whom you disclose personal information understands that it is given to them in confidence, which they must respect. All staff members receiving personal information in order to provide or support care are bound by a legal duty of confidence, whether or not they have contractual or professional obligations to protect confidentiality

Circumstances may arise where a patient cannot be informed about the sharing of information, for example because of a medical emergency. In these cases you must pass relevant information promptly to those providing the patient’s care.

## **DISCLOSING INFORMATION FOR CLINICAL AUDIT**

Clinical audit is essential to the provision of good care. All doctors in clinical Practice have a duty to participate in clinical audit. Where an audit is to be undertaken by the team which provided care, or those working to support them, such as clinical audit staff, you may disclose identifiable information, provided you are satisfied that patients:

- Have been informed that their data may be disclosed for clinical audit, and their right to object to the disclosure; and
- Have not objected

If a patient does object, you should explain why information is needed and how this may benefit their care. If it is not possible to provide safe care without disclosing information for audit, you should explain this to the patient and the options open to them.

Where clinical audit is to be undertaken by another organisation, information should be anonymised wherever that is practicable. In any case, where it is not practicable to anonymise data, or anonymised data will not fulfil the requirements of the audit, express consent must be obtained before identifiable data is disclosed.

## **DISCLOSURES WHERE EXPRESS CONSENT MUST BE SOUGHT**

Express consent is usually needed before the disclosure of identifiable information for purposes such as research, epidemiology, financial audit or administration.

When seeking express consent to disclosure you must make sure that patients are given enough information on which to base their decision, the reasons for the disclosure and the likely consequences of the disclosure. You should also explain how much information will be disclosed and to whom it will be given.

If the patient withholds consent, or consent cannot be obtained, disclosures may be made only where they are required by law or can be justified in the public interest.

Where the purpose is covered by a regulation made under section 60 of the Health and Social Care Act 2001, disclosures may also be made without patients' consent.

You should make a record of the patient's decision, and whether and why you have disclosed information

Where doctors have contractual obligations to third parties, such as companies or organisations, they must obtain patients' consent before undertaking any examination or writing a report for that organisation. Doctors should offer to show patients the report, or give them copies, whether or not this is required by law.

## **DISCLOSURE IN CONNECTION WITH JUDICIAL OR OTHER STATUTORY PROCEEDINGS**

### **Disclosures required by law**

You must disclose information to satisfy a specific statutory requirement, such as notification of a known or suspected communicable disease. You should inform patients about such disclosures, wherever that is practicable, but their consent is not required

### **Disclosures to courts or in connection with litigation**

You must also disclose information if ordered to do so by a judge or presiding officer of a court. You should object to the judge or the presiding officer if attempts are made to compel you to disclose what appear to you to be irrelevant matters, for example matters relating to relatives or partners of the patient, who are not parties to the proceedings

You must not disclose personal information to a third party such as a solicitor, police officer or officer of a court without the patient's express consent, except in the circumstances described below.

## **Disclosures to statutory regulatory bodies**

Patient records or other patient information may be needed by a statutory regulatory body for investigation into a health professional's fitness to Practice.

If you are referring concerns about a health professional to a regulatory body, you must seek the patient's consent before disclosing identifiable information, wherever that is practicable.

Where patients withhold consent or it is not practicable to seek their consent, you should contact the GMC, or other appropriate regulatory body, which will advise you on whether the disclosure of identifiable information would be justified in the public interest or for the protection of other patients.

Wherever practicable you should discuss this with the patient. There may be exceptional cases where, even though the patient objects, disclosure is justified.

## **THE PUBLIC INTEREST**

### **Disclosures in the public interest**

Personal information may be disclosed in the public interest, without the patient's consent, and in exceptional cases where patients have withheld consent, where the benefits to an individual or to society of the disclosure outweigh the public and the patient's interest in keeping the information confidential.

In all cases where you consider disclosing information without consent from the patient, you must weigh the possible harm (both to the patient, and the overall trust between doctors and patients) against the benefits which are likely to arise from the release of information

Before considering whether a disclosure of personal information 'in the public interest' would be justified, you must be satisfied that identifiable data are necessary for the purpose, or that it is not practicable to anonymise the data.

In such cases you should still try to seek patients' consent, unless it is not practicable to do so, for example because:

- The patients are not competent to give consent; or
- The records are of such age and / or number that reasonable efforts to trace patients are unlikely to be successful; or
- The patient has been, or may be violent; or obtaining consent would undermine the purpose of the disclosure (e.g. Disclosures in relation to crime); or
- Action must be taken quickly (for example in the detection or control of outbreaks of some communicable diseases) and there is insufficient time to contact patients

In cases where there is a serious risk to the patient or others, disclosures may be justified even where patients have been asked to agree to a disclosure, but have withheld consent.

You should inform patients that a disclosure will be made, wherever it is practicable to do so. You must document in the patient's record any steps you have taken to seek or obtain consent and your reasons for disclosing information without consent

Ultimately, the 'public interest' can be determined only by the courts; but the GMC may also require you to justify your actions if a complaint is made about the disclosure of identifiable information without a patient's consent.

The potential benefits and harms of disclosures made without consent are also considered by the Patient Information Advisory Group in considering applications for Regulations under the Health and Social Care Act 2001.

Disclosures of data covered by a Regulation 4 are not in breach of the common law duty of confidentiality.

### **Research and other secondary uses**

Research, epidemiology, public health surveillance, health service planning and education and training are among the important secondary uses made of patient information, each serving important public interests. For many secondary uses, it will be sufficient and practicable to disclose only anonymised or coded information.

When identifiable information is needed, or it is not practicable to remove identifiable information, it will often be possible to obtain patients' express consent.

This organisation may disclose identifiable information without consent if it is required by law, if it is approved under Section 251 of the [NHS Act 2006](#) or if it can be justified as in the public interest and it is either:

- Necessary to use identifiable information, or
- Not practicable to anonymise or code the information and, in either case, not practicable to seek consent (or efforts to seek consent have been unsuccessful)

In considering whether it is practicable to seek consent, this organisation must take account of:

- The age of records and the likely traceability of patients
- The number of records; and
- The possibility of introducing bias because of a low response rate or because particular groups of patients refuse or do not respond to requests to use their information

When considering whether the public interest in disclosures for secondary uses outweighs patients' and the public interest in keeping the information confidential, Weobley & Staunton Surgeries must consider:

- The nature of the information to be disclosed
- What use will be made of the information

- How many people will have access to the information
- The confidentiality and security arrangements in place to protect the information from further disclosure
- The advice of the Caldicott Guardian or similar expert adviser who is not directly connected with the use for which disclosure is being considered
- The potential for distress or harm to patients

When considering applications for support under section 251 of the NHS Act 2006 in England and Wales, the National Information Governance Board considers:

- The feasibility of doing the research or other activity with patients' consent or by using anonymised or coded information, and
- Whether the use of identifiable information would benefit patients or the public sufficiently to outweigh patients' right to privacy. It might not be practicable for this organisation to anonymise or code information or to seek patients' express consent:
  - For the disclosure of identifiable information for important secondary uses, or
  - So that suitable patients can be recruited to clinical trials or other approved research projects

If that is the case:

- Identifiable information may be sent to a 'safe haven' where they exist and have the capabilities and are otherwise suitable to process the information (including anonymising or coding it) and to manage the disclosure of information for secondary uses; or, if that is not practicable
- The task of anonymising or coding the information or seeking patients' consent to disclosure can be delegated to someone incorporated into this organisation on a temporary basis and bound by legal and contractual obligations of confidentiality.

The Practice should only disclose identifiable information for research if that research is approved by a Research Ethics Committee. This organisation should alert the Research Ethics Committees to disclosures of identifiable information without consent when applying for approval for research projects.

### **Disclosures to protect the patient or others**

Disclosure of personal information without consent may be justified in the public interest where failure to do so may expose the patient or others to risk of death or serious harm.

Where the patient or others are exposed to a risk so serious that it outweighs the patient's privacy interest, you should seek consent to disclosure where practicable. If it is not practicable to seek consent, you should disclose information promptly to an appropriate person or authority.

You should generally inform the patient before disclosing the information. If you seek consent and the patient withholds it you should consider the reasons for this, if any are provided by the patient.

If you remain of the view that disclosure is necessary to protect a third party from death or serious harm, you should disclose information promptly to an appropriate person or authority. Such situations arise, for example, where a disclosure may assist in the prevention, detection or prosecution of a serious crime, especially crimes against the person, such as abuse of children.

## **CHILDREN AND OTHER PATIENTS WHO MAY LACK COMPETENCE TO GIVE CONSENT**

### **Disclosures in relation to the treatment sought by children or others who lack capacity to give consent**

Problems may arise if you consider that a patient lacks capacity to give consent to treatment or disclosure.

If such patients ask you not to disclose information about their condition or treatment to a third party, you should try to persuade them to allow an appropriate person to be involved in the consultation.

If they refuse and you are convinced that it is essential, in their medical interests, you may disclose relevant information to an appropriate person or authority. In such cases you should tell the patient before disclosing any information, and where appropriate, seek and carefully consider the views of an advocate or carer. You should document in the patient's record your discussions with the patient and the reasons for deciding to disclose information

### **Disclosures where a patient may be a victim of neglect or abuse**

If you believe a patient to be a victim of neglect or physical, sexual or emotional abuse and that the patient cannot give or withhold consent to disclosure, you must give information promptly to an appropriate responsible person or statutory agency, where you believe that the disclosure is in the patient's best interests.

If, for any reason, you believe that disclosure of information is not in the best interests of an abused or neglected patient, you should discuss the issues with an experienced colleague. If you decide not to disclose information, you must be prepared to justify your decision.

## **Reporting and sharing of information**

### **Notifying the CQC of allegation of abuse**

The registered Caldicott Guardian is Dr R Baxter at Weobley & Staunton Surgeries is responsible for notifying the CQC without delay about allegations of abuse including:

- Any suspicion, concern or allegation from any source that a person using the service has been or is being abused or is abusing another person (of any age), including:
  - Details of the possible victim(s), where this is known, including:
    - A unique identifier or code for the person
    - The date they were or will be admitted to the service
    - Their age group



- Their gender
  - Their ethnicity
  - Any disability
  - Any religion or belief
  - Their sexual orientation
  - All relevant dates and circumstances, using unique identifiers and codes where relevant
  - Anything the practice has already done about the incident
- A unique identifier or code for the actual or possible abusers, together with, where it is known:
    - The personal information listed above
    - Their relationship to the abused person
  - A unique identifier or code for any person who has or may have been abused by a person using the service, together with (where known):
    - The same personal information listed above
    - Their relationship to the abused person

The person who originally expressed the suspicion, concern or allegation (using a unique identifier or code)

Where the appropriate person is unavailable, for any reason, the practice manager will be responsible for reporting the allegation to the CQC. Appropriate CQC reporting forms are available from the [CQC website](#).

### **Sharing information with a patient's partner, carers, relatives or friends**

Early discussions with the patient (especially if the patient has fluctuating or diminished capacity or is likely to lose capacity, even temporarily) should try to establish what information they want this organisation to share, who with and in what circumstances. Such discussions can help to avoid disclosures that a patient would object to and misunderstandings with or causing offence to anyone the patient would want information to be shared with.

If a patient lacks capacity, the practice should share relevant information in accordance with the advice in the patients who lack capacity section.

Unless they indicate otherwise, it is reasonable to assume that a patient would want those closest to them to be kept informed of their general condition and prognosis.

In the event someone close to the patient wishes to discuss their concerns about the patient's health, this organisation should make it clear to them that, while it is not a breach of patient confidentiality to listen to their concerns, it cannot be guaranteed that the patient will NOT be informed of the conversation (e.g., a clinician might need to share with a patient information received from others if it has influenced the assessment and treatment of the patient).

## **Reporting concerns about patients to the DVLA**

The Driver and Vehicle and Licensing Agency (DVLA) is legally responsible for deciding if a person is medically unfit to drive. This means it needs to know if a driving licence holder has a condition or is undergoing treatment that may now, or in the future, affect their safety as a driver.

This organisation should seek the advice of the DVLA's medical adviser if not sure whether a patient may be unfit to drive. Any decision that they are fit should be kept under review, particularly if the patient's condition or treatments change.

[The DVLA's Guidance for Medical Professionals](#) includes information about a variety of disorders and conditions that can impair a patient's fitness to drive. The driver is legally responsible for informing the DVLA about such a condition or treatment.

However, if a patient has such a condition, this organisation should explain to the patient:

- That the condition may affect their ability to drive (if the patient is incapable of understanding this advice, for example, because of dementia, this organisation should inform the DVLA immediately), and
- That they have a legal duty to inform the DVLA about the condition.

If a patient refuses to accept the diagnosis, or the effect of the condition on their ability to drive, this organisation may suggest that they seek a second opinion and help arrange for them to do so. They should advise the patient not to drive in the meantime.

If a patient continues to drive when they may not be fit to do so, the clinicians/practice should make every reasonable effort to persuade them to stop. As long as the patient agrees, the practice may discuss the concerns with their relatives, friends or carers. If however the clinician/practice does not manage to persuade the patient to stop driving or discovers that they are continuing to drive against advice, the DVLA should be contacted immediately and any relevant medical information disclosed, in confidence, to the medical adviser.

Before contacting the DVLA, this organisation should try to inform the patient of the decision to disclose personal information. The patient should be informed in writing of the disclosure.

## **Disclosing records for financial and administrative purposes**

This organisation should ensure that financial and administrative information is recorded separately from clinical information. If a request to disclose information about patients for financial or administrative purposes is received, this should be provided, if practicable, in anonymised or coded form, if that will serve the purpose.

If identifiable information is needed, Weobley & Staunton Surgeries should, if practicable, seek the patient's express consent before disclosure. Patients should be advised of the nature and purpose of the disclosures made for financial and administrative purposes if necessary.

If a patient objects, and the practice is satisfied that it is not possible to comply with the patient's wishes and still provide care, this should be explained to the patient. Before any disclosure is

made, this organisation should be satisfied that any parties who will have access to the information are bound by a duty of confidentiality not to disclose it further.

## **Disclosing information about serious communicable diseases**

Confidentiality is important to all patients. Those who have, or may have, a serious communicable disease might be particularly concerned about their privacy. This organisation should make sure that information held, or control about a patient's infection status, is always effectively protected against improper disclosure.

All patients are entitled to good standards of care, regardless of their status, what disease they might have or how they acquired it.

### **Healthcare workers who have or may have a serious communicable disease**

[Good Medical Practice](#) states that:

*'You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available'.*

If any staff know that they have, or think that they might have, a serious condition that could be passed on to patients, or if their judgement or performance could be affected by a condition or its treatment, they must consult a suitably qualified colleague. They must ask for and follow the advice of the colleague about investigations, treatment and changes to their practice considered necessary. They must not rely on their own assessment of the risk posed to patients.

This organisation's staff should raise any reasonable concerns they have about any healthcare worker who has a serious communicable disease and practises, or has practised, in a way that places patients at risk of infection. They should inform the healthcare worker's employing or contracting body of their concerns, preferably through its occupational health service or, where appropriate, their regulatory body.

They should inform the healthcare worker before passing on the information should it be practicable and safe to do so.

### **Patients who are diagnosed with a serious communicable disease**

This organisation should make sure information is readily available to patients explaining that personal information about them will be shared within the healthcare team, including administrative and other staff who support the provision of care, unless they object, and why this is necessary.

If a patient refuses to allow this organisation to inform a third party of their infection status, the practice must respect their wishes unless they consider that failure to disclose the information will put healthcare workers or other patients at risk of infection.

### **Informing sexual contacts of patients with a serious communicable disease**

This organisation may disclose information to a known sexual contact of a patient with a sexually transmitted serious communicable disease if they have reason to think that they are at risk of infection and that the patient has not informed them and cannot be persuaded to do so.

In such circumstances, the practice should tell the patient before the disclosure is made, if it is practicable and safe to do so. This organisation must be prepared to justify a decision to disclose personal information without consent. Tracing contacts and notifying partners should be done through the normal GP; the identity of the patient should not be disclosed, if practicable.

For information: In this guidance, the term 'serious communicable disease' applies to any disease that can be transmitted from human to human and that can result in death or serious illness. It particularly applies to, but is not limited to, HIV, tuberculosis and hepatitis B and C.

[The NHS \(Venereal Diseases\) Regulations 1974](#) state that various NHS bodies in England and Wales must:

*“Take all necessary steps to secure that any information capable of identifying an individual... with respect to persons examined or treated for any sexually transmitted disease shall not be disclosed except:*

- *To communicate that information to a medical practitioner, or to a person employed under the direction of a medical practitioner in connection with the treatment of persons suffering from such disease or the prevention of the spread thereof, and*
- *For the purpose of such treatment and prevention.”*

There are different interpretations of the Regulations and Directions and concerns about their compatibility with the European Convention on Human Rights. There have been concerns that a strict interpretation would prevent the disclosure of relevant information, except to other doctors or those working under their supervision, even with the patient's consent or to known sexual contacts in the public interest.

The GMC view is that the Regulations and Directions do not preclude disclosure if it would otherwise be lawful at common law, for example with the patient's consent or in the public interest without consent.

## **Disclosing information for education and training purposes**

The use of information about patients is essential to the education and training of medical and other healthcare students and trainees. For most of these uses, anonymised information will be sufficient and should be used whenever practicable.

When it is necessary to use identifiable information about a patient, or it is not practicable to anonymise information, the practice should seek the patient's consent before disclosing it. They should ensure that the patient is under no pressure to consent.

Any impression that their care depends on giving consent should be avoided.

## **Publishing case studies**

It may be difficult to anonymise case studies about patients while retaining enough detail to make publication useful. Simply changing a patient's name will often not anonymise the information if other identifying details are included such as age, sex, location or a detailed account of the patient's illness and treatment.

If the information cannot be anonymised, the patient's consent should be obtained before disclosure. When seeking the patient's consent, the practice must provide them with enough information about the nature and purpose of the disclosure to enable them to make an informed decision. This should include a description of the information to be disclosed and an indication of how it will be used, for example, whether it will be published in a journal or shown at a medical conference.

This organisation must then disclose that information only for the purposes for which the patient has given consent. If for any reason the practice cannot obtain a patient's consent, they will need to consider whether publication can be justified in the public interest.

This organisation should respect a patient's refusal to consent to the publication of their identifiable information.

### **Patients who lack capacity**

This organisation should not disclose personal information for education and training purposes about patients who lack capacity if they can practicably use information about other patients instead.

If this practice wishes to disclose personal information about a patient who lacks capacity but who is likely to regain capacity, they should, if practicable, wait and seek their consent later. Weobley & Staunton Surgeries may disclose personal information about a patient who lacks capacity to consent if disclosure will benefit or is in the best interests of the patient, or if it is justified in the public interest.

In the absence of any indication about the preferences of a patient who lacks capacity:

- Information should not be published from which they can be identified, but
- Disclosure of personal information to medical and other healthcare students and trainees to the extent necessary for their education and training may be undertaken.

This organisation should consider whether the work needed to anonymise or code the information or to seek patients' consent is reasonably practicable in all the circumstances. Only if unreasonable effort is required should it be considered whether the disclosure of identifiable information is justified in the public interest.

If it is not practicable to anonymise or code the information or to seek or obtain patients' consent without unreasonable effort, and the likelihood of distress or harm to patients is negligible, disclosure for an important secondary purpose may be proportionate. This organisation should respect patients' objections to disclosure.

In this context 'trainees' refers to registered medical practitioners in training grades while 'students' refers to undergraduates pursuing a medical degree. This organisation must give patients the information they want or need about the extent to which students may be involved in their care and of their right to refuse to take part in teaching.

### **Responding to criticism in the press**

Clinicians are sometimes criticised in the press by their patients or by someone their patients have a close personal relationship with. The criticism can include inaccurate or misleading details of the clinician's diagnosis, treatment or behaviour. Although this can be frustrating or distressing, it does not relieve the practice of their duty to respect patients' confidentiality.

Disclosures of patient information without consent can undermine the public's trust in the profession as well as patients' trust. This organisation must not put information obtained in confidence about a patient in the public domain without that patient's express consent.

Disputes between patients and clinicians conducted in the media often serve no practical purpose; they can prolong or intensify conflict and may undermine public confidence in the profession, even if they do not involve the disclosure of personal information without consent. This organisation should usually limit public response to press reports to an explanation of the legal and professional duty of confidentiality.

In certain circumstances, press reports might cause patients to be concerned about the practice. In such cases it may be appropriate to give general information about normal practice. No personal information about a patient should be revealed, or an account of their care given, without their consent.

### **Disclosure after a patient's death**

You still have an obligation to keep personal information confidential after a patient dies.

The extent to which confidential information may be disclosed after a patient's death will depend on the circumstances. If the patient had asked for information to remain confidential, his or her views should be respected.

- Where you are unaware of any directions from the patient, you should consider requests for information taking into account:
- Whether the disclosure of information may cause distress to, or be of benefit to, the patient's partner or family;
- Whether disclosure of information about the patient will in effect disclose information about the patient's family or other people;
- Whether the information is already public knowledge or can be anonymised;
- The purpose of the disclosure

If you decide to disclose confidential information you must be prepared to explain and justify your decision

**Glossary**

This defines the terms used within this document. These definitions have no wider or legal significance.

Anonymised data	Data from which the patient cannot be identified by the recipient of the information. The name, address, and full post code must be removed together with any other information which, in conjunction with other data held by or disclosed to the recipient, could identify the patient. Unique numbers may be included only if recipients of the data do not have access to the 'key' to trace the identity of the patient
Clinical Audit	Evaluation of clinical performance against standards or through comparative analysis, to inform the management of services. Studies that aim to derive, scientifically confirm and publish generalizable knowledge constitute research and are not encompassed within the definition of clinical audit in this document
Consent	Agreement to an action based on knowledge of what the action involves and its likely consequences
Express consent	Consent which is expressed orally or in writing (except where patients cannot write or speak, when other forms of communication may be sufficient)
Identifiable data	Data from which a patient can be identified. Name, address and full postcode will identify patients; combinations of data may also do so, even where name and address are not included
Implied consent	Agreement to disclosure where patients have been informed about the information to be disclosed, the purpose of the disclosure, and that they have a right to object to the disclosure, but have not done so
Health care team	The health care team comprises the people providing clinical services for each patient and the administrative staff who directly support those services
Patients	Used throughout the guidance to mean competent patients. Parents of, or those with parental responsibility for, children who lack maturity to make decisions for themselves, are generally entitled to make decisions about disclosures on behalf of their children
Personal information	Information about people which doctors learn in a professional capacity and from which individuals can be identified
Public interest	The interests of the community as a whole, or a group within the community or individuals

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**Document Revision and Approval History**

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