

FOR SELF EMPLOYED OSTEOPATHS WORKING WITHIN A PRACTICE



GDPR Policy Statement

Patients' Records

All records containing patient information, whether paper or electronic, will remain the exclusive property of myself, who for the purposes of GDPR is defined as the **data controller**.

The clinician who for the purposes of GDPR will be known as the data processor consents at all times to only process patient information in accordance with the provisions of GDPR, May 25 2018. Access to patients' information including, but not limited to, records containing 'Special Categories of data' such as medical information is strictly restricted to what is necessary and needed for you to fulfil your contractual obligations to the practice and patient.

You are required to recognise and at all times protect personal data as defined by GDPR. The clinician also agrees not to access personal data unless specifically authorised by the Practice for the purposes of meeting its contractual obligations to patients and/or legitimate interests pursued by the practice. Accessing patient information, and/or exposing confidential patient data to others without permission is a criminal offence.

The unauthorised access, exporting or the removal of personal data without the data controller's permission is strictly forbidden. Any data breach discovered (whether by a clinician or an employee) should be reported to management at the earliest opportunity.

At all times computer passwords will be kept confidential and computers will not be left unattended without being screen locked. Cabinets for patient records and other sensitive patient and employee data will remain locked, after accessing records. Cabinet keys will not be left unattended in the office or copied without the expressed permission of management.

Under no circumstances must you share patients' personal data including, but not limited to, name, address, phone number, medical records with non-employees (including public authorities) without management authorisation.

I have read this data protection agreement and confirm, my agreement. I also confirm that I will uphold the highest standards in protecting patients records from unlawful access or destruction.

Signed: Date:

Name: Position