

IG Staff Agreement

3.1

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Version Control

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AGREEMENT TO COMPLY FORM – AGREEMENT TO COMPLY WITH INFORMATION SECURITY POLICIES

This agreement applies to all individuals who, during the lawful course of their employment have access to information as users and/or administrators of all systems. This applies to information held either electronically or in hard copy. Due to the nature of our business, you have an enduring legal obligation to maintain the confidentiality of any personal and medical information that you encounter in the course of your duties.

I agree to employ the highest standards and take all reasonable precautions to assure that information that has been entrusted to Southern Hampshire Primary Care Alliance (SHPCA) by third parties, will not be disclosed to unauthorised persons. This includes but is not restricted to, access to EMIS medical records. At the end of my employment or contract with SHPCA, I agree to return any information to which I have had access because of my employment.

I understand that I will have access to specific data / information required to carry out my responsibilities, that it is not permissible to view information outside the specific and lawful parameters of my role.

I understand that I am not authorised to use information held on systems operated by SHPCA for my own purposes, nor am I at liberty to provide this information to third parties unless there is a lawful reason why that information must be shared. A lawful reason would include the protection of patient safety. If I am in any doubt, I understand that I must refer requests for information to the Service Manager, or in his / her absence, the Information Governance Lead or Data Protection Officer. I will contact the SHPCA Caldicott Guardian for guidance on sharing of person identifiable patient information if I have any queries.

I have access to data / information security policies, and I am aware of my responsibilities and how they impact my role. As a condition of continued access, I agree to abide by the policies, and I understand that non-compliance will be cause for disciplinary action up to and including dismissal and perhaps criminal and / or civil penalties.

I am aware of and understand the Data Protection Act 2018, General Data Protection Regulations and the Caldicott Principles.

I agree to immediately report all violations or suspected violations of data security policies to the Information Governance Lead or Data Protection Officer.

I understand that activity of the systems that we use can be monitored and recorded.

Your name:

Your signature:

Today's date: