

## **Template Confidentiality Agreement**

### **Notes on use of this agreement**

This template confidentiality agreement may be used in situations where it is necessary to discuss a case in detail - such as the particular risks a prisoner poses, specific individual signs of relapse, the particular medication prescribed and side effects. The involves passing on confidential health information and will be needed in situations, such as the development of an effective multi-disciplinary care plan for sentence planning or pre-release planning purposes.

It is not necessary to use this agreement (or a similar one) in order for health care staff to give residential staff general advice about looking after someone with a particular type of problem (e.g. how to deal with someone who seems withdrawn, hears voices, is paranoid). Giving this kind of advice is very important and helps ensure that patients are treated appropriately on ordinary location. General advice such as whether the patient should be in a shared cell or not, about the importance of reducing stress (eg not shouting at the patient) and when to call health care staff again, can usually all be done without sharing the diagnosis or individual patient information held on the IMR. Giving this kind of advice would not usually break confidentiality to an individual patient and would not require obtaining patient permission.

It is necessary to obtain patient agreement on every occasion when significant confidential health information is disclosed. The agreement should be dated, be contemporaneous with the disclosure and relate to a specific requirement. Only information relevant to that requirement should be shared. A signed confidentiality agreement is not an open-ended, permanent agreement.

The agreement can be adapted as required.

**Template Confidentiality Agreement (for adaptation)**

The information in your inmate medical record is kept securely for the use of medical, nursing and other healthcare staff within the prison system for the purpose of providing you with health care. It may also be used by visiting health care staff e.g. psychiatrists. Generally, it can only be disclosed to other staff, departments or agencies with your permission or if an order is made by a Court.

Very rarely however your doctor may need to give information to another person without your permission because of a serious risk of harm. He / she will tell you if this is going to happen and why.

During your stay in custody, healthcare staff may think it is in your best interest to share information (request or give details) about your health with other people inside or outside prison, e.g. probation, CARATs worker, but they need your permission to do so. You can tick below and sign to agree or disagree to discussion with these people.

Person to share information with	Name	Yes, I agree	No, I disagree
Next of kin			
Solicitor			
Probation Officer			
External Community Psychiatric Nurse			
External Psychiatrist			
External General Practitioner			
Social worker			
CARATs worker			
Personal Officer			
Chaplain			
Housing Agency			
Other, please state			

I agree to discussion of information contained within my health records with the person/people indicated above. The purpose for which the information is to be shared has been explained to me. I understand that only information relevant to that purpose will be shared.

Purpose of information sharing:

Signed..... Completed by: .....

PRINT NAME: .....

Date:.....