

INFORMATION GOVERNANCE

PATIENT PRIVACY AND FAIR PROCESSING NOTICE

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DOCUMENT CONTROL

Version	Date	Summary of Changes
1.0	2018-03-01	Initial version
2.0	2019-03-21	Reviewed

DEFINITIONS

Term	Definition
Organisation	R & F EMERSON LLP (Sussex Community Dermatology Service, Hove Skin Clinic, Brighton Laser Clinic, Worthing Skin Clinic)
ICO	The Information Commissioners Office https://ico.org.uk/
DPO	Data Protection Officer https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-officers/
GDPR	General Data Protection Regulation https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/

CCG	Clinical Commissioning Group https://www.nhscc.org/ccgs/
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NOTICE

1 PURPOSE

- 1.1: This notice sets out the privacy policy for the Organisation and aims to explain how we use your information. The term 'service' in this document refers to all clinical, administrative and online services provided by the Organisation. The clinical services this policy covers may be branded or referred to as different names, such as Surrey Dermatology Service or the West Kent Dermatology Service for the convenience of patients, but the contents of this privacy policy cover all clinical services provided to the NHS by the Organisation.

2 SECURITY OF INFORMATION

- 2.1: Confidentiality affects everyone: The service collects, stores and uses large amounts of personal data every day, such as medical or personal records which may be paper-based or held on a computer.
- 2.2: We take our duty to protect your personal information and confidentiality very seriously and are committed to taking appropriate measures to ensure it is held securely and only accessed by those with a need to know.
- 2.3: At executive level, we have appointed a Senior Information Risk Owner (SIRO), Anna Baldwin, who is accountable for the management of all our information systems and the data they hold. The SIRO also makes sure that any associated risks or incidents are documented and investigated appropriately. We also have a Caldicott Guardian, Dr Russell Emerson, who has responsibility for providing advice on protecting patient confidentiality and sharing patients' information securely when appropriate. We also have a Data Protection Officer (DPO), who is responsible for managing our day to day Information Governance and GDPR compliance obligations.

3 HOW TO CONTACT US IF YOU HAVE A QUESTION?

- 3.1: All our clinics have dedicated patient helplines and, if you have a question about your care or how we use your data, you can reach the appropriate person by calling or writing to us using the details below. If your query relates to how we use your information, you can write to the DPO at each clinic by addressing your letter or email to the DPO at the following addresses:

Clinic	Data Protection Officer Sussex Community Dermatology Service 51 Chesswood Road West Sussex
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BN11 2AA
Email scds.data@nhs.net
Telephone 01903 703 270

4 HOW DO I MAKE A COMPLAINT?

- 4.1: If you are unhappy with any aspect of the services or care we provide, please contact us immediately so that we can investigate and respond. We will handle all complaints in line with our complaints policy and procedures to give you a speedy response.
- 4.2: **Important:** *If your treatment has not met your expectations or if you have suffered any adverse side-effects or complications then please get in touch with us as soon as possible. Our clinicians are highly experienced, and we are supported by Consultant Dermatologists who are experts at managing a wide variety of complex skin conditions, rare treatment complications and corrective procedures.*
- 4.3: We pride ourselves on the care we provide so you can be rest assured that if you do need to make a complaint or raise an issue about the quality of services you have received, a manager will be in touch with you quickly to see how we can help.

Clinic Regional Service Manager
 Sussex Community Dermatology Service
 51 Chesswood Road
 West Sussex
 BN11 2AA

Email scds.data@nhs.net
Telephone 01903 703 270

- 4.4: If you still have concerns about the care you have received or if we are unable to resolve your complaint to your satisfaction then you can also contact the Care Quality Commission on 03000 61 61 61 or write to them at:

CQC National Customer service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

You can complain about how we handle your data to the Information Commissioner's Office (ICO) via telephone on 0303 123 1113 or via their website at:

<https://ico.org.uk/concerns/>

5 THE NHS CARE RECORD GUARANTEE

5.1: Everyone working within the NHS has a legal duty to keep information about you confidential. Similarly, anyone who receives information from us has a legal duty to keep it confidential.

5.2: The Care Record Guarantee is our commitment that we will use records about you in ways that respect your rights and promote your health and wellbeing. Copies of the full document can be obtained from NHS Digital:

https://digital.nhs.uk/media/329/Care-Record-Guarantee/pdf/Care_Record_Guarantee

6 HOW DO WE COLLECT INFORMATION FROM YOU?

6.1: We collect information through several means:

- i. Through normal clinical discourse;
- ii. Via referrals from GP Practices;
- iii. Verbally during discourse with our administration team.

7 WHY DO WE COLLECT INFORMATION ABOUT YOU?

7.1: The doctors, nurses and administrative team caring for you keep records about your health and any treatment and care you receive from the NHS. These records help to ensure that you receive the best possible care and may be written on paper or held on a computer. They may include:

- i. Basic details about you such as name, address, date of birth, next of kin, GP practice, ethnicity and contact details;
- ii. Contact we have had with you such as appointments or clinic visits;
- iii. Notes and reports about your health, treatment and care;
- iv. Results of x-rays, scans and laboratory tests;
- v. Relevant information from people who care for you and know you well such as health or social care professionals, relatives or carers;
- vi. Access to GP health records or records from other NHS services recorded on our clinical system, TPP SystemOne;
- vii. Access to national healthcare records, demographics and GP history.

7.2: It is essential that we have accurate and up to date information about you so that we can give you the best possible care. Please check that your

personal details are correct whenever you visit us and inform us of any changes, for example, by calling our patient helpline on 01903 703 270 as soon as possible. This minimises the risk of you not receiving important correspondence.

8 WHAT IS THE LAWFUL BASIS OF PROCESSING FOR PERSONAL AND HEALTHCARE DATA?

- 8.1: The main reason why we collect and process your personal data is for providing direct care, and under GDPR we process the majority of this data under Article 6 (1) (e) and Article 9 (1) (h) of the General Data Protection Regulations (GDPR).
- 8.2: Essentially, Article 6 (1) (e) is the lawful basis which allows us to process your personal data on the basis that we are required to do so in the exercise of official authority, which is bestowed upon the organisation on the basis that we have secured NHS Contracts with Clinical Commissioning Groups and other NHS organisations to deliver clinical services on behalf of the National Health Service.
- 8.3: To process your healthcare records, we mostly rely upon Article 9 (1) (h), which provides the company with a lawful basis to process your healthcare records for the provision of healthcare, medical diagnosis, treatment and general management of healthcare services.
- 8.4: The Organisation therefore does not generally rely upon consent for processing your data for direct care, as we have a statutory duty to process and collect certain data on behalf of the National Health Service. Consent is generally only used as a lawful basis for processing data within the Organisation for specific medical research projects.
- 8.5: Data on patients who are incapacitated might be processed under Article 9 (c) which is designed to protect their vital interests where the data subject is physically or legally incapable of giving consent.

9 HOW DO WE USE YOUR PERSONAL INFORMATION?

- 9.1: In general terms, your records are used to direct, manage and deliver your care so that:
- i. The doctors, nurses and other health or social care professionals involved in your care have accurate and up to date information to assess your health and decide on the most appropriate care for you;
 - ii. Health and social care professionals have the information they need to assess and improve the quality and type of care you receive;

- iii. Appropriate information is available if you see another doctor, or are referred to a specialist or another part of the NHS or social care;
- iv. Your concerns can be properly investigated if a complaint is raised.

10 DO I NEED TO DISCLOSE MY DATA?

- 10.1: Some of your information must be disclosed to us so that we can meet our legal obligations as a healthcare provider, but mostly it is to ensure that you receive safe and effective treatment. Information which you must disclose includes basic contact information, your date of birth and any relevant healthcare information which may affect your treatment or the safety of our staff.
- 10.2: Please treat all questions about your health as obligatory, as our clinicians will usually need this information to ensure that your treatment is appropriate and that your diagnosis is correct. You can always ask for clarification as to why your data is required and how it will be used in response to anything we ask of you, and there is no need to be embarrassed as our clinicians have seen a wide variety of conditions over the years.
- 10.3: Failure to notify us of some information may result in either an incorrect diagnosis or treatment being given which is at best ineffective, or in some cases harmful. For example, failure to disclose accurate information about recent sun exposure during laser treatment might result in burns or complications, when the appropriate course of action might be to ask you to return when your skin is back to its normal colour. Failure to disclose information about blood thinners when having surgery may result in difficulty stemming the bleeding and a higher risk of complications.
- 10.4: Please note that failure to disclose personal data which is required in order to provide accurate diagnosis or a safe and effective treatment may mean that we are unable to provide you with any further care or treatment at the clinic.
- 10.5: Treatment is always at the discretion of the clinician involved in your care and the clinic manager. We reserve the right to refuse treatment for any reason and may decide to do so if we are concerned about the accuracy of information provided, have concerns about your physical or mental wellbeing, concerns about the necessity of the procedure, or simply if the clinician does not feel comfortable providing the procedure on the day. We will put your safety first as our top priority at all times.

11 HOW DO WE CAPTURE YOUR INFORMATION?

- 11.1: Most of the information we hold about you will come directly from you in the form of verbal questions and written forms. From time to time, we may also receive referral letters or letters from other healthcare professionals

involved in your care which will form part of your record. An example of this might be a specialist letter from an NHS provider involved in your care or your GP.

- 11.2: When keeping notes, we will keep your information limited to your health, but please be aware that we may from time-to-time capture other relevant information that you share with us. An example of this might be if you inform a receptionist that you are on holiday for a while, we might make a note of this in a telephone note to ensure that we don't book you a follow-up appointment whilst you are on holiday. Please note that the information you share with us will be held confidentially for the purposes of direct care, and we will restrict access to only those involved in providing or administering your care. If you have disclosed any information to us that you would like us not to record in your notes, then please make it clear to us to exclude this information from your notes.
- 11.3: Here is a brief overview of how we might collect information from you:
- i. **Registration Form:** When you first attend the clinic, you will be asked to complete a registration form. We may also ask you to complete an additional registration form if it has been a while since you last attended to ensure that your details are accurate and up to date. The patient registration form provides us with your basic contact details and has some questions about your health which our clinicians may use to inform their clinical decision making. Sample questions might be to ask if you have any allergies such as Latex, so that our clinicians can be made aware to use Latex free examination gloves. If this is the case, we will keep a record of this information in your medical notes, but please mention this to reception and to your clinician whenever you visit the clinic. You might also be asked to confirm if you want to opt-in to any marketing emails. Finally, your signature acknowledges that you understand our privacy policy and fair processing notice, and that we reserve the right to invoice you for any clinical services we provide.
 - ii. **Consultation:** Our clinicians may take some notes down during or after your consultation based on what you have discussed with the clinician. These notes may include personal data relating to your health or care you are receiving, along with professional opinions about your diagnosis or treatment options.
 - iii. **Consent Forms:** Consent for treatment may be given verbally or in written format, but we will often require you to sign a written consent form to ensure that you understand the risks and nature of the treatment you receive. During your consultation, your clinician will explain your diagnosis and treatment options in detail, and the consent form provides evidence that you understand this information.

- iv. **Telephone Notes and Conversations:** Our administrative team or clinicians may also record details of any phone conversations we have with you. This is to help us provide the very best possible care.
- v. **Emails or Letters:** Any correspondence between the Organisation and you will generally be considered part of your medical record.
- vi. **Patient Surveys:** From time to time, we may also ask you to complete a satisfaction survey to provide some feedback on the services we provide.

12 WHEN DO WE SHARE INFORMATION ABOUT YOU?

- 12.1: We share information about you with others directly involved in your care; and share more limited information for indirect care purposes, both of which are described below.

13 DIRECT CARE PURPOSES

- 13.1: Unless you object, we will normally share information about you with other health and social care professionals directly involved in your care so that you may receive the best quality care. For example, every time you attend the hospital as a patient, we will send your GP a summary of any diagnoses, test results or treatment given.
- 13.2: As you may be seen by a Consultant Dermatologist or a doctor with specialist training in dermatology, we would normally correspond with your GP to explain what your diagnosis is and how we plan to treat it so that your GP is aware of your medical history. We might also share a copy of your pathology report when we perform surgery. This will help your GP to have more awareness about the type of skin lesion we removed and any associated risks relating to the skin lesion. We may also do this for some cosmetic treatments depending upon the nature of the treatment.
- 13.3: If you would prefer us not to share your treatment information with your GP, please inform your clinician or the receptionist and we will make a note on your medical records.
- 13.4: You may also be receiving care from other people as well as the NHS, for example Social Care Services. For some patients we may need to share some information about you with your local social care service, so that we can all work together for your benefit. We will only do this when they have a genuine need for it or we have your permission.
- 13.5: We will not disclose your information to any other third parties without your permission unless there are exceptional circumstances, such as when either your or somebody else's health and safety is at risk; or the law requires us to pass on this information.

14 REFERRALS TO OTHER HEALTHCARE PROVIDERS

- 14.1: As a Consultant-led provider of Dermatology services, most patients are seen and treated within our dermatology clinics. However, some patients may need to be referred onwards to another healthcare provider for further treatment. This can happen during triage of your referral if our triage team feel that another specialty or service might be more appropriate based on your medical history or the content of your referral letter. This can also happen after you have been seen if you require a more specialist treatment which we are unable to provide within the service, or if a local clinical pathway requires that we refer you into a specialist service. Common examples of such services may include:
- i. Plastic or Maxillofacial Surgery;
 - ii. Skin Cancer Referrals;
 - iii. Photodynamic Therapy (PDT) or Phototherapy;
 - iv. Systemic Drug Therapy / Rheumatology;
 - v. Other specialities such as Oncology / Radiology / Gynaecology / Urology;
 - vi. Foot or Hand Surgery;
 - vii. Allergy Testing.
- 14.2: If we need to refer or redirect your referral to another healthcare provider, we will inform both you and your GP at the time, this is done via letter. We will typically include personal details such as your name, contact details and address as part of your referral letter, along with a description of your medical problem and potentially copies of your medical records, recent consultations, relevant photographs or pathology reports so that the healthcare provider receiving your referral has all the information required to ensure you receive the right treatment in a timely fashion. We will only include information which is relevant to your condition for direct care purposes.
- 14.3: If you would like us to not share some or all of your clinical information when making a referral, please contact our DPO.

15 SKIN CANCER REFERRALS

- 15.1: It is recommended that all patients with a confirmed skin cancer diagnosis should be referred to a Multidisciplinary Team meeting (MDT) for discussion. This is where multiple experienced Consultant Dermatologists, Cancer Specialist Nurses, Oncologists, Radiologists and Plastic Surgeons meet to discuss cases of skin cancer.
- 15.2: There are a wide variety of reasons why patients are discussed at an MDT meeting. Sometimes it might be for the group to agree a diagnosis, to

approve a treatment or care plan, or sometimes to approve or recommend a specific treatment or procedure.

- 15.3: Some highly specialist treatments for suspected skin cancer also require discussion in an MDT before they can be performed.
- 15.4: If your doctor needs to refer you to MDT for discussion, then your doctor may also ask your permission to take a picture of your skin so that it can be discussed in the weekly MDT meeting. This is to ensure that the treatment you receive is going to be appropriate and proportional given the available treatment options on the NHS. Often a photograph is also required before you are approved for MOH's Micrographic Surgery, a specialist surgical technique for the treatment of certain skin cancers on difficult surgical sites which is expensive and highly specialist to perform. If this is the case, then your photograph will be sent along with your referral to the NHS Hospital hosting the meeting where it might be shown on a projector and discussed. The MDT will then make a recommendation on the most appropriate treatment for you based on this information.

16 INDIRECT CARE PURPOSES

- 16.1: In some cases, we might also need to share your data with other healthcare organisations and national bodies such as NHS Digital, under a legal obligation, Article 6 (1) (c), or with health and social care organisations for Safeguarding purposes under social protection law Article 9 (2) (b).
- 16.2: We also use information we hold about you to:
- i. Review the care we provide to ensure it is of the highest standard and quality;
 - ii. Ensure our services can meet patient needs in the future;
 - iii. Investigate patient queries, complaints and legal claims;
 - iv. Ensure the hospital receives payment for the care you receive;
 - v. Prepare statistics on NHS performance;
 - vi. Audit NHS accounts and services;
 - vii. Undertake health research and development (with your consent – you may choose whether to be involved);
 - viii. Help train and educate healthcare professionals.
- 16.3: Nationally there are strict controls on how your information is used for these purposes. These control whether your information must be de-identified first and with whom we may share identifiable information. You can find out more about these purposes, which are also known as secondary uses, on the NHS England and Health and Social Care Information Centre's websites:

<http://www.england.nhs.uk/>

<http://www.hscic.gov.uk/>

17 COMMISSIONING ACTIVITY AND SERVICE REPORTING

- 17.1: As a provider of Acute NHS Dermatology services, we are both contractually and legally required to send some limited personal information to NHS organisations to enable the UK healthcare system to operate in an efficient and cost-effective manner. This data helps Commissioners pay for treatments, plan capacity and evaluate the quality of healthcare services.

18 NHS DIGITAL

- 18.1: NHS Digital is the central organisation for data collection within the NHS. It is responsible for the design, operation and maintenance of national IT systems which allows the NHS to provide joined up and secure care. It is one of the few organisations in the UK permitted to receive healthcare data with patient-identifiable information, which it collects and pseudonymises the data for secondary uses such as statistics and invoice validation. All hospitals and secondary care providers in the UK are required to submit data which may contain personal data as part of the National Contract.

19 COMMISSIONING DATASETS

- 19.1: We submit commissioning datasets to NHS Digital monthly which contain data on all outpatient and day surgery attendances, cancelled and missed appointments within the service.
- 19.2: This is a contractual requirement as we are required to send this data to NHS Digital to receive payment for your consultation or treatment within the service. The data is primarily intended for commissioning purposes such as invoice validation, and statistical purposes.
- 19.3: A full list of data items can be found on the NHS Data Dictionary page at: <https://www.datadictionary.nhs.uk/>
- 19.4: However, in the interest of transparency and keeping you informed, we currently submit the following personal data items for all patients:
- i. National unique Identifiers such as your NHS number or local Pathway ID's;
 - ii. NHS e-Referrals Unique Booking Reference Number (UBRN) of your referral (if applicable);
 - iii. Gender;
 - iv. Diagnosis and procedure codes;
 - v. Attendance and referral dates, clinician seen and clinic location;
 - vi. Ethnic category.

- 19.5: If you haven't requested your record to be formally withheld, we will also submit:
- i. Your postcode;
 - ii. Your date of birth.
- 19.6: Lastly, on the rare occasions that a patient does not have a valid NHS Number and hasn't requested their record to be withheld then we may also submit your name and address so that the NHS can successfully recover costs from the appropriate CCG or your country of origin.
- 19.7: The rest of your medical record is not shared as part of the commissioning dataset. This includes:
- i. Consultation notes;
 - ii. Medical history;
 - iii. GP letters;
 - iv. Referral letters;
 - v. Clinical notes.
- 19.8: The commissioning datasets are then securely sent to our XML translation service provided by Egton Medical Information Systems Ltd (EMIS), who convert our dataset into XML, validate our dataset and submit the data directly to the national Secondary Use Services (SUS+) system managed by NHS Digital. All data is encrypted during transit and sent securely through the N3 / HSCN secure network for healthcare organisations.
- 19.9: Once the data is in the national SUS+ system, other NHS organisations can access the pseudonymised records to perform their official functions such as invoice validation and statistical analysis.
- 19.10: In addition, some CCGs receive pseudonymised commissioning data from a Data Services for Commissioners Regional Office (DSCRO). To facilitate this, data is sent securely to the relevant DSCRO for the patient, an organisation that officially specialises in processing, analysing and packaging patient information within a secure environment into a format NHS commissioners can legally use; anonymised patient level data. More information about the DSCRO service can be found at:

<https://digital.nhs.uk/data-services-for-commissioners-dsfc>

20 REFERRAL DATASETS

- 20.1: CCGs also request information on referrals received and onward referrals made by clinicians within the service. This data is sent securely monthly and includes:
- i. NHS number;

- ii. Referral date;
- iii. Registered GP practice and Registered GP;
- iv. Reason for referral;
- v. Referral urgency;
- vi. Referral destination;
- vii. Referral source.

21 CALL RECORDING

- 21.1: Telephone calls to the service may be recorded for the following purposes:
- i. To prevent crime or misuse;
 - ii. To make sure that staff act in compliance with Organisation procedures;
 - iii. To ensure quality control;
 - iv. Training, monitoring and service improvement.

22 SMS TEXT MESSAGING AND AUTOMATED VOICE REMINDERS

- 22.1: We use your telephone number(s) to send your appointment details via SMS text message and we also send automated reminder calls a few days before the appointment.
- 22.2: Most of our patients appreciate these reminders and we know that it reduces the number of missed appointments, but if you do not wish to receive them please let us know.

23 MEDICAL PHOTOGRAPHY / VIDEO

- 23.1: To provide the very best care for patients we may sometimes ask for your permission to take a photograph of your skin problem to discuss your treatment with other consultants and skin specialists either via email, at a multidisciplinary meeting (MDT) or at one of our quarterly Postgraduate Education events.
- 23.2: This is particularly helpful for rarer, unusual or more complicated skin conditions where your diagnosis or treatment plan might not be straight forward. Clinical cases may be discussed in this way for direct care purposes, to establish the most appropriate diagnosis and treatment plan for you if it does not significantly delay or adversely your care, or in most cases discussed at our postgraduate event, patients are discussed to help educate other clinicians on how to manage more difficult dermatology conditions that are hard to diagnose, hard to treat or rare to see in clinical practice.

- 23.3: At our postgraduate education events, all clinicians within the service are encouraged to bring along interesting clinical cases for discussion, which allows our Consultant Dermatologists and GP with Specialist Interest in Dermatology practitioners to discuss the most appropriate diagnosis and management plan for patients with similar conditions. The discussion is informal and enables all doctors involved in providing dermatology to improve their diagnosis and management skills.
- 23.4: Some skin conditions are so rare that a Consultant Dermatologist may only see a single clinical case presenting during their professional career or perhaps only read about a rare condition in a text-book, so the pooling of knowledge and sharing of these rare cases amongst Dermatologists helps to deliver better and safer patient care in the Consultant-led service.
- 23.5: If a clinician thinks that discussing your skin condition with their peers in this setting may help educate other clinicians or improve your care, they may seek permission to take a photograph and share this securely with other clinicians either via email or at one of our postgraduate education events. You are completely free to object to this.

24 MARKETING

- 24.1: We will never use any of your information for marketing purposes or pass on your information to third parties without your explicit and express consent.
- 24.2: Occasionally we may ask you for permission to take a picture or video of your treatment for marketing or patient educational purposes, but if this is the case you will be asked for your explicit and unambiguous consent to allow us to share your photographs, and you are completely free to object without affecting the care you receive.
- 24.3: If you would like to request that we no-longer use your photographs or video footage of your procedure, please contact our DPO in writing at:

Data Protection Officer
Sussex Community Dermatology Service
51 Chesswood Road
Worthing
West Sussex
BN11 2AA

25 HOW TO ACCESS YOUR RECORDS

- 25.1: You have the right to get a copy of the information that is held about you. This is known as a Subject Access Request (SAR). A SAR allows patients to request Information on how we are using and sharing your data, along with details of what information we have. However, a subject access request goes further than this and an individual is entitled to be:

- i. Told whether any personal data is being processed;
 - ii. Given a description of the personal data, the reasons it is being processed, and whether it will be given to any other organisations or people;
 - iii. Given a copy of their personal data in electronic or paper form;
 - iv. Given details of the source of the data (where this is available).
- 25.2: Requests must be made in writing to the DPO at the clinic you were seen at and accompanied by evidence of your identity (see the section below). This is to ensure that your records and information is only released under your strict authority and to ensure that we keep all your information confidential.
- 25.3: We will then provide your information to you within one month of receipt of:
 - i. Your written request;
 - ii. Satisfactory evidence of your identity;
 - iii. Authority to act on someone else's behalf (if appropriate);
 - iv. An indication of what information you are requesting to enable the service to locate it in an efficient manner.

26 CONFIRMING YOUR IDENTITY FOR A SUBJECT ACCESS REQUEST

- 26.1: To avoid personal data about one individual being sent to another, either accidentally or because of deception, we need to be satisfied that we know the full identity of the requester and that they have the appropriate authority to receive the information. We will therefore ask for enough information to judge whether the person making the request is the individual to whom the personal data relates (or a person authorised to make a SAR on their behalf).
- 26.2: In the case of parents or guardians requesting information on their children, we will typically need confirmation from the child that we have authority to release their information to you if the child is over 12 years old and capable of making a request themselves (see below).

27 SUBJECT ACCESS REQUESTS FOR CHILDREN AND YOUNG ADULTS

- 27.1: Information about children may be released to a person with parental responsibility. However, the best interests of the child will always be considered. Even if a child is very young, data about them is still their personal data and does not belong to anyone else. It is the child who has a right of access to the information held about them.
- 27.2: Before responding to a request for information held about a child, we will first consider whether the child is mature enough to understand their rights.

If we are confident that the child can understand their rights, then we will respond to the child rather than to the parent. What matters is that the child can understand (in broad terms) what it means to make a subject access request and how to interpret the information they receive because of doing so.

27.3: We consider each subject access request for information on a case by case basis, but typically a child of 12 years or older is viewed as capable of making a subject access request.

27.4: When considering releasing information on children, we will consider, among other things:

- i. Where possible, the child's level of maturity and their ability to make decisions like this;
- ii. The nature of the personal data;
- iii. Any court orders relating to parental access or responsibility that may apply;
- iv. Any duty of confidence owed to the child or young person;
- v. Any consequences of allowing those with parental responsibility access to the child's or young person's information. This is particularly important if there have been allegations of abuse or ill treatment;
- vi. Any detriment to the child or young person if individuals with parental responsibility cannot access this information;
- vii. Any views the child or young person has on whether their parents should have access to information about them.

28 SUBJECT ACCESS REQUESTS FOR PEOPLE WITH DISABILITIES

28.1: If you are disabled and not physically capable of making a subject access request in writing, please call the clinic via telephone and explain and we will make reasonable adjustments to ensure that we deal promptly with your request.

28.2: We are also happy to provide your data in large print or audio format if required.

29 SUBJECT ACCESS REQUESTS FOR DECEASED PATIENTS

29.1: We will consider each subject access request relating to a deceased patient on a case by case basis, but typically we do not release information on deceased patients as disclosure might constitute an actionable breach of confidence if in principle a personal representative exists who would be able to take legal action. More information about section 41 exemptions can be found in the guidance from the ICO document titled 'Information about the

deceased’:

<https://ico.org.uk/media/for-organisations/documents/1202/information-about-the-deceased-foi-eir.pdf>

30 YOUR RIGHT TO OBJECT

- 30.1: You have the right to restrict how and with whom we share information in your records that identifies you. If you object to us sharing your information we will record this explicitly within your records so that all healthcare professionals and staff involved with your care are aware of your decision. If you choose not to allow us to share your information with other health or social care professionals involved with your care, it may make the provision of treatment or care more difficult or unavailable. Please discuss any concerns with the clinician treating you so that you are aware of any potential impact. You can also change your mind at any time about a disclosure decision.

31 YOUR RIGHT TO DATA PORTABILITY

- 31.1: We support the right of data portability where possible. Under GDPR you have the right to a copy of your information in a portable format, either electronic or paper based. As most healthcare IT systems are not yet interoperable, we will typically supply your information in a Microsoft Office, image format (jpeg) or Adobe PDF document format, or alternatively a simple print out via paper.
- 31.2: If you would like us to supply your records or any information we hold on you in an alternate or specific format, please notify us and we will endeavour to meet your request. We will supply your information for free.

32 YOUR RIGHT TO RESTRICT PROCESSING

- 32.1: You have the right to request the further processing of your information. An example of this might be to prevent us from sharing your medical records with your GP or other healthcare providers. If you would like us to restrict the processing of your information in any way, please inform your clinician or a member of our administrative team or contact our DPO.

33 YOUR RIGHT TO ERASURE

- 33.1: If you would like us to erase some information we hold about you, please contact our DPO at one of our clinics and we will consider your request.
- 33.2: We can't guarantee that all requests will be met as we also have some legal responsibilities placed upon us which might require us to keep your data, but if the erasure can be performed without detriment to our legal obligations we will be happy to consider it.

- 33.3: Please note that we may need to keep some of your medical records on file in the interests of establishment, exercise or defence of legal claims.

34 YOUR RIGHT TO ACCESS INFORMATION IN ALTERNATIVE FORMATS

- 34.1: If during the course of your interactions with us you require information from us in an alternative format due to a disability, please let a receptionist or your clinician know. We are always happy to provide large print or audio versions of any documents used within the service. Examples may include:
- i. Consent forms;
 - ii. Prices;
 - iii. Treatment or Patient Information;
 - iv. Correspondence or Pathology results.

35 DATA RETENTION

- 35.1: Unless otherwise specified, we will treat any information you share with us as part of your medical record. We will hold your information in accordance with the Records Management Code of Practice of Health and Social Care 2016 guidance from NHS Digital.

36 DATA ACCURACY

- 36.1: If you think any information we hold about you is inaccurate, please let us know.

37 HOW WE WILL NOTIFY YOU OF ANY DATA BREACHES

- 37.1: If a data breach occurs and your data is compromised as part of the breach, we will promptly inform you of the nature of the breach and which data may have been compromised in line with the GDPR. We take data security very seriously and work hard to keep your data secure at all times. We have detailed risk assessments, policies, procedures and technical measures in place to ensure your data is protected, and in the event of a data breach we will report it to the ICO and Care Quality Commission (CQC) in line with our breach policies and GDPR legislation.

38 EQUALITY STATEMENT

- 38.1: This Policy forms part of the Organisation's commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities. As part of its development

this Policy and its impact on equality has been analysed and no detriment identified.