Locum Name…………………………………………………………

Locum Address……………………………………………………………………………………………………………………………………………………………..

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**Locum Confidential Information Agreement**

1. I agree that as a Locum Pharmacist, employed by L. Rowland & Co. (Retail) Ltd. I am not permitted during employment or at any time after the period of employment, to disclose or use any personal confidential information relating to patients or employees of L. Rowland & Co. (Retail) Ltd. other than for the purposes of obtaining legal advice pertaining to that information; if required to do so by law or as part of a patient’s care by another member of staff or a locum.
2. It is strictly forbidden for Locum Pharmacists to look at personal information about any patient/s including any information relating to their own family, friends and acquaintances unless they are directly involved in the patient’s care or it is otherwise justifiable in seeking to provide other pharmaceutical services. In the event of a medical emergency it may be appropriate to access information relating to a patient’s family member or friend for the purposes of making contact in the best interests of the patient.
3. I understand that breach of this agreement may lead to the company no longer contracting me as a Locum Pharmacist for work within the future and may result in prosecution or an action for civil damages under the Data Protection Act 1998.
4. I agree that I will not remove any documents, either printed or electronic, which contain any confidential information from the Company’s premises at any time other than for the purposes of obtaining legal advice or to resolve a patient safety issue pertaining to that information.
5. I agree to abide by the standards set out in the confidentiality code of conduct (part of the NHS standard IG templates) which can be viewed on the Rowlands Pharmacy Intranet or at http://www.rowlands-sop.co.uk. Please contact Rowlands Locum Board on 01928 755001 for logon and password details if required.
6. I have read, understand and agree to the terms and conditions set out above.

**Clarification of personal information**

*Personal information is data from which a living individual could be identified; this may include information such as name, age, address, and personal circumstances, as well as sensitive personal information regarding race, health, sexuality, etc.*

*Information is confidential when it is personal information given to someone who has a duty of confidence (the pharmacy staff) in the expectation that it will not be disclosed without the consent of the provider of the information.*

*Personal information may be known or stored on any medium. Photographs, videos, etc are subject to the same requirements as information stored in health records, on a computer, or given verbally.*

Locum Details

Forename ..................................... Surname ....................................... Signature........................................

GPHC Reg No .......................................... Date ..............................................

*Please complete this form using capital letters and return for the attention of the Locum Board.*