**Patient and Public Partner**

**Confidentiality Agreement**

**Between Joined Up Care Derbyshire (Derbyshire and Derby’s Integrated Care System) and:**

|  |  |
| --- | --- |
| **NAME (Title, Forename, Surname)** |  |

This agreement aims to ensure that a patient and public partner working with Joined Up Care Derbyshire is aware of the confidentiality requirements for their role.

As a patient and public partner, you will be party to information that you will only know due to carrying out the requirements of your role. You should always keep this information confidential. The common law duty of confidentiality is described below:

*The general position is that, if information is given in circumstances where it is* ***expected*** *that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.*

As a patient and public partner, you need to understand that any breach of confidentiality may lead to the cessation of your role and further personal liability under UK Data protection law.

Where confidential information is to be shared secure methods of transfer will be used. This may include NHS Mail. Where secure channels of communication are established, please do not use other routes to share information, the use of other routes is prohibited, as is onward sharing of information.

Patient and public partners will have in place a lead contact who can support your contact with Joined Up Care Derbyshire, and act as your liaison for any confidentiality compliance issues you might have.

**Your point of contact is:**

* **Name:**
* **Contact details:**

Please proceed to complete the agreement on page 2.

Please note the purpose of this agreement is to provide assurance of the understanding of behaviors and approach with regard to working with confidential information with Joined Up Care Derbyshire.

**AGREEMENT**

|  |  |
| --- | --- |
| **Patient and Public Partner’s Name:** |  |

Hereby agrees:

* To abide by the requirements of the agreement as detailed above, and to treat as confidential all information which may be derived from or be obtained during their role or which may come into the possession of the patient and public partner as a result or in connection with the role; and
* To report any security or confidentiality breaches made or suspected immediately to their lead contact (details above).

|  |  |
| --- | --- |
| Signature of Patient and Public Partner: |  |
| Print Name of Patient and Public Partner: |  |
| Date of signature: |  |
| Signature of Named Contact: |  |
| Print Name of Named Contact: |  |
| Job title of Named Contact: |  |
| Name of the Board or Workstream that the Patient and Public Partner role relates to: |  |
| Date of commencement of Patient and Public Partner role: |  |
| Date of cessation of Patient and Public Partner role: |  |

Please ensure that all parties retain a copy of this agreement.