**Greater Manchester Care Record - Bolton [GMCR - Bolton]**

**Community Pharmacy (Substantive post)**

**Information Governance Individual User Assurance Form to be completed before access is granted**

This document provides an overview of your key responsibilities for Information Governance and consent which you need to read, and completes the confirmation at the end of the document before you will be allowed to access patient information via the Greater Manchester Care Record - Bolton [GMCR - Bolton].

This document supports, but does not remove the requirement to understand and comply with the principles of the following documents relevant to GMCR - BOLTON;

* GMCR - BOLTON Information Sharing Agreement
* Information Governance / Information Sharing / Confidentiality / Data Protection / Records Management and any other relevant documents relevant to your employing organisation.

***In accessing patient information via the GMCR - BOLTON you will:***

* Have a legitimate relationship with the patient
* Not access the patient record unless there is a legal basis to do so
* Respect any patient’s decision to decision to opt-out of the GMCR - BOLTON
* Not share your access to the GMCR - BOLTON, or any access/passwords to systems that would enable other users to access information available via the GMCR - BOLTON
* Have completed and be up to date with the IG (or equivalent) training within the previous 12 month period, as mandated by your organisation
* Be familiar with the NHS Code of Confidentiality, which the GMCR - BOLTON considers the base line for confidentiality standards
* Not discuss patient information with any person who does not also have a legitimate relationship with the patient
* Not save or print patient information for use outside of the terms of your organisational policies and/or the delivery of direct care to the patient
* Handle all information derived from the GMCR - BOLTON with the sensitivity, confidentiality and privacy as if it were any other patient information, and in accordance with policies, procedures and all relevant law
* Report any breaches, potential breaches, including your own, and/or loss of patient information to your organisation’s Senior Officer responsible for Information Governance (or equivalent) immediately upon discovering them
* Understand that your access to a patient’s record is subject to organisational auditing/monitoring and records of access to their information may be requested by patients
* Understand that any inappropriate access may make you subject to sanctions or disciplinary in accordance with the relevant Disciplinary/Contact Policy, and liable in relation to relevant legislation such as the Data Protection Act 2018, Human Rights Act 1998, and the Computer Misuse Act 1990
* Be knowledgeable about the GMCR - BOLTON to be able to inform patients, if asked, what it is and how it works. This may be via the provision of a patient information leaflet
* Understand that the use of the GMCR - BOLTON is not intended to replace appropriate assessment of a patient including seeking a medical history and undertaking a professional examination or assessment, or querying information on the Portal, as required. The Data on the GMCR - BOLTON is provided to assist in the delivery of care to the patient and not as a substitute for the exercise of individual clinical or other professional judgement.

**OPT OUT**

A patient has the right opt-out of their information being available for Secondary Uses.

An opt-out from a patient would mean that their information would not be available in the GMCR - BOLTON for health and care purposes, of for Secondary Uses.

Where a patient wishes to opt-out, the Professional should consider explaining the benefits of the GMCR - BOLTON and Secondary Uses.

If the patient continues to object, the Professional should perform their duties, as they would without a shared record.

**ACCESS MODEL Summary:**

|  |  |  |
| --- | --- | --- |
| **Ref** | **Purpose of Access / Information Sharing** | **Lawful Basis** |
| 1 | Point of Care – Patient present | 6(1)(e)  9(2)(h) |
| 2 | Point of Care – Patient not present | 6(1)(e)  9(2)(h) |
| 3 | Preparation for patient ‘home’ visit | 6(1)(e)  9(2)(h) |
| 4 | Multi-Disciplinary Team (or equivalent) / Patient Case Review | 6(1)(e)  9(2)(h) |
| NOTES:   * In the above table the term ‘Patient’ is generic and may refer to Client, Customer, Service User or other similar meaning terms specific to a participating sectors * ‘Patient’ may also consent to any person who can legally act on behalf of the patient to access their record, for example a Solicitor (with appropriate consent from the patient); a person appointed by a Court to manage the affairs of a patient; a parent or representative subject to a patients capacity (as described in the Mental Capacity Act 2005). | | |

**User Assurance Statement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * In signing below I confirm that I have read, understood and agree to work to the contents of this document. * In signing below I confirm that I understand my personal and organisational responsibilities for Data Protection / Confidentiality / Information Governance. * In signing below I confirm that I am up to date with Information Governance, and any other relevant training that my organisation requires me to complete. * In signing below I confirm that I understand that to access a patient’s information via the solution I must have a legitimate relationship to that patient and understand the consent model and processes to be utilised when I wish to access patient information made available by the Greater Manchester Care Record - Bolton, and that my access may be audited/monitored. * In signing below I understand that the information contained within the GMCR - BOLTON is there to support the delivery of care and is not a replacement for current systems, procedures and clinical decision making processes, as currently utilised by myself as a professional. | | | | |
| **Title :** |  |
| **First Name :** |  | **Surname:** |  | |
| **Organisation & Pharmacy code:** |  | **Job Title/Role:**  **(Pharmacists / Technician`s only)** |  | |
| **Telephone number1:** |  | **Male / Female / Prefer not to say:** |  | |
| **Email address (personal NHS.net e-mail):** |  | **Professional registration number:** |  | |
| **Patient locality access** | **Bolton** | **Date of professional registration renewal:** |  | |
| **A brief description of why you need access to a patients/citizen’s health and social care record:** |  | | |
| **Signature:** |  | **Date:** |  | |
| NB: Please note your account will remain active for 12 months and will require reactivation. | | | | |
| **FOR COMPLETION BY THE SENIOR OFFICER FOR THE ORGANISATION WITH APPROPRIATE AUTHORITY OR an Officer with Delegated Authority:**  I confirm that the above named Officer in signing above has completed the required training and is authorised to use the Greater Manchester Care Record - Bolton | | | | |
| **Signature of organisation Authorising Senior Officer (e.g. Caldicott Guardian) or Delegate:** |  | **Job Title of Authorising Officer:** |  | |
| **Print Name:** |  | |
| **Date:** |  | |

**IDCR Administrator use only**

|  |  |  |
| --- | --- | --- |
| Username |  | |
| Added by |  | (Date) |
| Sent to user by |  | (Date) |