



# Clinical Data Confidentiality Agreement



This statement is to be used by University of St Andrews medical students who are accessing NHS data in relation to project work.

The student agrees that:

- I confirm that I understand, accept and agree to be bound by the principle of confidentiality of patient records and patient data, and also for information concerning teachers and colleagues.
- I will ensure that any patient data, identifiable or anonymised, will be held only on an encrypted<sup>1</sup> USB device or password protected file on a password protected computer and will be deleted from any storage device or computer on the completion of my dissertation.
- I confirm that any data concerning patients and colleagues, which I have learned by virtue of my position as a medical student, will be kept confidential.
- I confirm that I will not discuss patients with other students or professionals outside the clinical setting, except anonymously in such a manner that they cannot be identified from any information given.
- When recording data or discussing cases outside the clinical setting I will ensure that patients cannot be identified by others.
- I will respect all hospital and patient records.
- I understand that failure to comply with any of these conditions of access to confidential patient information will become a fitness to practise issue.

Student

Supervisor

signed \_\_\_\_\_

signed \_\_\_\_\_

Name (print) \_\_\_\_\_

Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Process:

- MD4002 controller to identify students who have access to patient data.
- Form to be sent to relevant students.
- Students to sign form, have supervisor sign form then student to return form to School Office.
- Form to be retained by School of Medicine Office.

<sup>1</sup> That is encrypted to the standard used by the NHS