



J u b i l e e M e d i c a l C e n t r e

There are occasions when intervention is necessary in order to save or protect a patients life or to prevent them from serious immediate harm, for instance during a collapse or diabetic coma or serious injury or accident. In many of these circumstances the patient may be unconscious or too ill to communicate. In these circumstances we have an overriding duty to try to protect and treat the patient. If necessary we will share your information and possibly sensitive confidential information with other emergency healthcare services, the police or fire brigade, so that you can receive the best treatment.

The law acknowledges this and provides supporting legal justifications.

Individuals have the right to make pre-determined decisions about the type and extend of care they will receive should they fall ill in the future; these are known as “Advance Directives”. If lodged in your records these will normally be honoured despite the observations in the first paragraph.

1) Data Controller contact details	Drs JE Foster, D Morris, C Lowes 52 Croxteth Hall Lane, Liverpool, L11 4UG T: 0151 546 3956, E: jubilee@livgp.nhs.uk
2) Data Protection Officer contact details	Dr T Wildsmith 52 Croxteth Hall Lane, Liverpool, L11 4UG T: 0151 546 3956, E: jubilee@livgp.nhs.uk
3) Purpose of the processing	Doctors have a professional responsibility to share data in emergencies to protect their patients or other persons. Often in emergency situations the patient is unable to provide consent.
4) Lawful basis for processing	This is a Direct Care purpose. There is a specific legal justification: <i>Article 6(1)(d) “processing is necessary to protect the vital interests of the data subject or of another natural person”</i> And <i>Article 9(2)(c) “processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent”</i> Or alternatively <i>Article 9(2)(h) ‘necessary for the purposes of preventative or occupational</i>

	<p><i>medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services...”</i></p> <p>We will also recognise your rights established under UK case law collectively known as the “Common Law Duty of Confidentiality”*</p>
5) Recipient or categories of recipients of the shared data	The data will be shared with Healthcare professionals and other workers in emergency and out of hours services and at local hospitals, diagnostic and treatment centres. (if preferred list actual named services)
6) Rights to object	You have the right to object to some or all of the information being shared with the recipients. Contact the Data Controller or the practice. You also have the right to have an “Advance Directive” placed in your records and brought to the attention of relevant healthcare workers or staff.
7) Right to access and correct	You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law. If we share or process your data in an emergency when you have not been able to consent, we will notify you at the earliest opportunity.
8) Retention period	The data will be retained in line with the law and national guidance
9) Right to Complain.	<p>You have the right to complain to the Information Commissioner’s Office, you can use this link https://ico.org.uk/global/contact-us/</p> <p>or calling their helpline Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)</p>

* “Common Law Duty of Confidentiality”: common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.

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.

In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.

Three circumstances making disclosure of confidential information lawful are:

- where the individual to whom the information relates has consented;
- where disclosure is in the public interest; and

- where there is a legal duty to do so, for example a court order.