

**CONFIDENTIALITY STATEMENT IN RESPECT OF NETWORK CONNECTION FOR AGENCY STAFF AND ALL OTHER GROUPS**

(Including students undergoing training/work experience, clinical attachments, social workers etc)

To protect confidential information in relation to the business of NHS Ayrshire and Arran (the organisation) and to control access to the organisation's network, all parties not directly employed by the organisation, e.g. Local Authorities, Drug Agencies etc. who may require log-on privileges are required to complete the following justification and declaration.

All parties must be aware of the importance of respecting confidentiality and the likely consequences of failing to do so which, in the first instance, will result in permanent disconnection from the network.

Any breaches of the above will result in an Incident Reporting form being initiated and the party involved being formally reported to their Head of Department and relevant sponsor within NHS Ayrshire & Arran

While you are with the NHS organisation you are also subject to the same rules relating to confidentiality as an NHS Board employee. Failure to observe these rules could result in your contract/placement being ended. Your agent/training establishment will also be advised why your employment/placement has been terminated.

Prior to connection to the network this form requires consideration and approval by Directors and will be reviewed on an annual basis. **Should you no longer require access please contact the System Access Team as soon as possible.**

**YOUR DETAILS**

Name .....

Job Title .....

Telephone Number within NHS .....

**YOUR EMPLOYER (Outwith Ayrshire & Arran)**

Name of Organisation .....

Address .....

Your Head of Department .....

Your HoD's Address .....

Your HoD's Telephone No .....

**THE NHS DEPARTMENT YOU WILL BE WORKING IN**

Directorate .....  
Department .....  
Location .....  
Sponsor within NHS <sup>1</sup> .....  
Sponsor Contact Details .....  
Director of Department .....

**THE TYPE OF ACCESS YOU WILL REQUIRE**

Type of Access Required e.g. log-on only, email etc)

**ESTIMATED LENGTH OF TIME ACCESS WILL BE REQUIRED**

**THE REASONS WHY YOU NEED THIS ACCESS**

Please explain why access to the network etc is imperative – continue on a separate sheet if necessary

<sup>1</sup> Sponsor should be supervisor responsible for them whilst working in NHS A&A

**DECLARATION**

I acknowledge that whilst benefiting from the privilege of access to NHS Ayrshire and Arran's network and/or email communications, I may have access to confidential data in relation to NHS Ayrshire & Arran business. I understand that, under the terms of the Data Protection Act 1998, NHS Ayrshire & Arran has an obligation to its patients and staff to ensure that all personal information is dealt with in a secure and confidential manner and I agree to keep access to such information limited to that strictly necessary for the purpose previously stated and to keep any such information that I may come into contact with confidential.

I understand that under the Data Protection Act 1998 it is a criminal offence to access personal data or to disclose it (for which I may be held liable as an individual) without proper authorisation.

I confirm that I understand my responsibilities with regard to the following documents:

- NHS Ayrshire & Arran Information Security Guidance for Staff
- Secure Storage, Communication and Transportation of Personal Information Policy
- Appropriate use of IT Facilities
- Computer Misuse Act 1990
- Data Protection Act 1998
- NHS Scotland Code of Practice on Protecting Patient Confidentiality
- Caldicott Principles
- Information Sharing Protocol

<b>Signature of applicant</b> ..... <b>Date</b> ..... <b>Please Print Name</b> .....
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<b>Signature of HoD (Outwith Ayrshire &amp; Arran)</b> ..... <b>Date</b> ..... <b>Please Print Name</b> .....
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<b>Signature of NHS Ayrshire &amp; Arran Sponsor</b> ..... <b>Date</b> ..... <b>Please Print Name</b> .....
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<b>Signature of Director within Ayrshire &amp; Arran</b> ..... <b>Date</b> ..... <b>Please Print Name</b> .....
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Please ensure that all pages are securely stapled and forward your completed form to: **[eHealthSystemAccessTeam@aapct.scot.nhs.uk](mailto:eHealthSystemAccessTeam@aapct.scot.nhs.uk)** or Log through the ServiceNow Portal **<https://aaasd.service-now.com>**

**Officer**

**Date**

<b>Department of Digital Support Services</b>  <b>System Access Request Form (New Users Only)</b> If the user already has logon details and requires additional system please submit here: <a href="http://xhiislive/sar/home.aspx">http://xhiislive/sar/home.aspx</a> <b>Please complete using BLOCK CAPITALS</b>	
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SURNAME	
FORENAME	
CONTACT NUMBER	
JOB TITLE & ROLE	
DEPARTMENT	
MAIN BASE	

Please tick as required:					
PC Logon	<input type="checkbox"/>	SCI Gateway	<input type="checkbox"/>	Dens	<input type="checkbox"/>
Email Account	<input type="checkbox"/>	SCI Diabetes	<input type="checkbox"/>	Review (Labs)	<input type="checkbox"/>
ECS	<input type="checkbox"/>	SCI Store	<input type="checkbox"/>	Symphony (call incident ref)	<input type="checkbox"/>
Clinical Portal	<input type="checkbox"/>	Soliton (RIS)	<input type="checkbox"/>	Formstream (specify which form)	<input type="checkbox"/>

I agree to abide by the terms and conditions of the [NHS Code of Practice on Protecting Patient Confidentiality](#) and the [NHS Scotland Information Security Policy](#) (available on the Intranet/Athena).

I have undertaken Information Governance Training and will act in accordance with the Data Protection Act and Caldicott Principles.

Employee Signature		Date	
Line Manager (Please Print)			
Line Manager Signature		Date	

Please return to:

**Log through the ServiceNow Portal** <https://aaasd.service-now.com> and attach signed from Service

**FOR OFFICE USE ONLY Desk: 01292 513355**

<b>User ID</b>	
<b>Issuing Officer (Please print name)</b>	
<b>Signature of issuing officer</b>	
<b>Date</b>	

## **Your responsibilities and obligations**

### **Please detach this page and keep for reference purposes**

You are being provided with an O365 account only for the purpose of communicating and collaborating with NHS Scotland.

If you leave your current role you must inform the NHS A&A System Access Team [eHealthSystemAccessTeam@aapct.scot.nhs.uk](mailto:eHealthSystemAccessTeam@aapct.scot.nhs.uk) a minimum of 48 hours prior to leaving your role.

- You must abide by the NHS Scotland O365 Acceptable Use Policy.
- Do not share your username or password.
- You must ensure appropriate security of computers and premises at all times.
- All staff have professional obligations to respect and maintain the security and confidentiality of patient information.
- You must only access patient records where you have a legitimate clinical or administrative reason for doing so.
- You must not access your own records.
- Electronic patient information systems are fully auditable, all access to patient records is attributed to your username and you may be asked to justify why you have accessed a record. All potential instances of unauthorised access are investigated accordingly.
- Any queries about access to patient identifiable information should be directed to: [InformationGovernance@aapct.scot.nhs.uk](mailto:InformationGovernance@aapct.scot.nhs.uk)