

## **Data Protection and Information Security Policy**

This practice is committed to complying with the Data Protection Act 2018, the General Data Protection Regulation (GDPR), GDC, and other data protection requirements relating to our work. We only keep relevant information about employees for the purposes of employment and about patients to provide them with safe and appropriate health care.

The person responsible for Data Protection is the Information Governance Lead Uppal Patel. Our lawful basis for processing personal data is:

- Consent of the data subject
- Processing is necessary for the performance of a contract with the data subject or to take steps to enter into a contract

Our lawful basis for processing special category data is:

- Processing is necessary for the purposes of preventative or occupational medicine, for assessing the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or management of health or social care systems and services on the basis of Union or Member State law or a contract with a health professional.

### **Consent**

The practice offers individuals real choice and control. Our consent procedures put individuals in charge to build customer trust and engagement. Our consent for marketing requires a positive opt-in, we don't use pre-ticked boxes or any other method of default consent. We make it easy for people to withdraw consent, tell them how to and keep contemporaneous evidence of consent. Consent to marketing is never a precondition of a service.

### **Data protection officer (DPO)**

We do not have a Data Protection Officer as we do not process large volumes of data.

#### *Pseudonymisation*

Pseudonymisation means transforming personal data so that it cannot be attributed to an individual unless there is additional information.

- Pseudonymisation – the data can be tracked back to the original data subject
- Anonymisation – that data cannot be tracked back to the original data subject

Examples of pseudonymisation we use are:

- We never identify patients in research, patient feedback reports or other publically available information
- When we store and transmit electronic data it is encrypted and the encryption key is kept separate from the data

### **Data breaches**

We report certain types of personal data breaches to the relevant supervisory authority within 72 hours of becoming aware of the breach, where feasible. If the breach results in a high risk of adversely affecting individuals' rights and freedoms we also inform those individuals without undue delay. We keep contemporaneous records of any personal data breaches, whether or not we need to notify.

## **Right to be informed**

We provide 'fair processing information', through our Privacy Notice, which provides transparency about how we use personal data.

## **Right of Access**

Individuals have the right to access their personal data and supplementary information. The right of access allows individuals to be aware of and verify the lawfulness of the processing. If an individual contacts the practice to access their data they will be provided with, as requested:

- Confirmation that their data is being processed
- Access to their personal data
- Any other supplementary information or rights as found below and in our Privacy Notice

## **Right to erasure**

The right to erasure is also known as 'the right to be forgotten'. The practice will delete personal data on request of an individual where there is no compelling reason for its continued processing. The right to erasure applies to individuals who are not patients at the practice. If the individual is or has been a patient, the clinical records will be retained according to the retention periods

## **Right of rectification**

Individuals have the right to have personal data rectified if it is inaccurate or incomplete.

## **Right to restriction**

Individuals have a right to 'block' or suppress the processing of their personal data. If requested we will store their personal data, but stop processing it. We will retain just enough information about the individual to ensure that the restriction is respected in the future.

## **Right to object**

Individuals have the right to object to direct marketing and processing for purposes of scientific research and statistics.

## **Data portability**

An individual can request the practice to transfer their data in electronic or other format.

## **Privacy by design**

We implement technical and organisational measures to integrate data protection into our processing activities. Our data protection and information governance management systems and procedures take Privacy by design as their core attribute to promote privacy and data compliance.

## **Records**

We keep records of processing activities for future reference.

## **Privacy impact assessment**

To identify the most effective way to comply with data protection obligations and meet individuals' expectations of privacy we review our Privacy Impact Assessment annually.

## **Information security**

Information Governance Procedures include the following information security procedures:

- Team members follow the 'Staff Confidentiality Code of Conduct', which clarifies their legal duty to maintain confidentiality, to protect personal information and provides guidance on how and when personal or special category data can be disclosed.
- How to manage a data breach, including reporting
  - A comprehensive set of procedures, risk assessments and activities to prevent the data we hold being accidentally or deliberately compromised and to respond to breach in a timely manner
  - The requirements and responsibilities if team members use personal equipment such as computer, laptop, tablet or mobile phone for practice business

## **Review**

This policy and the data protection and information governance procedures it relates to are reviewed annually.

## **Further information**

Information Commissioner [www.ico.org.uk](http://www.ico.org.uk)  
EU – US Privacy Shield [www.privacyshield.gov](http://www.privacyshield.gov)  
GDPR Regulation

## **Cancelled or Missed Appointments Policy**

It is the aim of this practice to provide quality dental care to our patients on schedule and to use clinical time effectively. To achieve this aim, we have an appointment cancellation policy.

### **Cancellation of an appointment**

Patients are requested to give at least 24 hours notice to cancel a dental appointment. Cancellations should be made by telephone on 01494 412442 or email [hello@sorrisodental.co.uk](mailto:hello@sorrisodental.co.uk)

There is a fee for dental appointments that are missed or cancelled with less than 24 hours notice.

The fee is based on the length of the appointment and can be found in the latest private fees list.

It is our aim to telephone or write to patients after a missed appointment to understand the reason for non- attendance and to inform them about any fee..

Any appeals about missed or cancelled appointment decisions by a patient should be made in writing to the practice principal, either Uppal or Dipan Patel.

## **Code of Practice for Patient Complaints**

In this practice we take complaints very seriously indeed and try to ensure that all our patients are pleased with their experience of our service. When patients complain, they are dealt with courteously and promptly so that the matter is resolved as quickly as possible. This procedure is based on these objectives.

Our aim is to react to complaints in the way in which we would want our complaint about a service to be handled. We learn from every mistake that we make and we respond to customers' concerns in a caring and sensitive way.

1. The person responsible for dealing with any complaint about the service which we provide is Uppal Patel, our Complaints Manager.
2. If a patient complains on the telephone or at the reception desk, we will listen to their complaint, document it thoroughly and offer to refer him or her to the Complaints Manager immediately. If the Complaints Manager is not available at the time, then the patient will be told when they will be able to talk to the dentist and arrangements will be made for this to happen. The member of staff will take brief details of the complaint and pass them on. If we cannot arrange this within a reasonable period or if the patient does not wish to wait to discuss the matter, arrangements will be made for someone else to deal with it.
3. If the patient complains in writing the letter will be passed on immediately to the Complaints Manager.
4. If a complaint is about any aspect of clinical care or associated charges it will normally be referred to the dentist, unless the patient does not want this to happen.
5. We will acknowledge the patient's complaint in writing and enclose a copy of this code of practice as soon as possible, normally within three working days.
6. We will seek to investigate the complaint within ten working days of receipt to give an explanation of the circumstances which led to the complaint. If the patient does not wish to meet us, then we will attempt to talk to them on the telephone. If we are unable to investigate the complaint within ten working days we will notify the patient, giving reasons for the delay and a likely period within which the investigation will be completed.
7. We will confirm the decision about the complaint in writing immediately after completing our investigation.
8. Proper and comprehensive records are kept of any complaint received in the patient's records.
9. If patients are not satisfied with the result of our procedure then a complaint may be made to:  
  
The Dental Complaints Service, The Lansdowne Building, 2 Lansdowne Road, Croydon, Greater London CR9 2ER (Telephone: 08456 120 540).

### **Consent Policy**

The practice follows the GDC guidelines Standards for the Dental Team: 'Principle 3, Obtain Valid Consent'. We treat patients politely and with respect, in recognition of their dignity and rights as individuals. We also recognise and promote our patients' responsibility for making decisions about their bodies, their priorities and their care and make sure we do not take any steps without a patient's consent (permission).

The clinical team member will always obtain valid consent before starting treatment or physical investigation, or providing personal care for a patient, because patients have a right to choose whether or not to accept advice or treatment. Our clinical team members are adequately trained to ensure that the patient has:

- Enough information to make a decision (informed consent)
- Made a decision (voluntary decision-making)
- The ability to make an informed decision (capacity)

The nature of treatment and all charges are clarified to the patient before it commences and the patient is provided with a written treatment plan and cost estimate. All team members are aware that:

- Once the consent has been given it may be withdrawn at any time
- Giving and getting consent is a process, not a one-off event. It is an ongoing discussion between the clinician and the patient
- It is necessary to find out what the patient wants to know, as well as saying what the clinician thinks the patient needs to know. Examples of information which patients may want to know include: why a proposed treatment is necessary; the risks and benefits of the proposed treatment; what might happen if the treatment is not carried out and alternative forms of treatment, their risks and benefits, and whether or not the treatment is considered appropriate
- If an estimate has been agreed with a patient, but it is necessary to change the treatment plan, the patient's consent to any further treatment and extra cost will always be obtained prior to providing the changed treatment. This will be achieved by the provision of an amended written treatment plan and estimate.

Everyone aged 16 or over is presumed to have capacity to make their own decisions unless it can be shown that they lack capacity to make a particular decision at the time it needs to be made. If the treating clinician thinks that someone lacks capacity to make a treatment decision, s/he will carry out a mental capacity assessment and, if appropriate, make a decision in the person's best interests. We have a Mental Capacity Assessment to provide a record of how a treatment decision was reached.

### **Children's consent**

A child is a person under 18.

Children aged 16 and over are presumed to have capacity and able to consent or, refuse to treatment in their own right. If the practitioner thinks a child aged 16 or over may lack capacity, a mental capacity assessment will be carried out and the results recorded in the clinical notes. If a child is under 16, it is the first choice to obtain the consent of the parent or carer. But for various reasons this may not be possible. A child who is under 16 can give consent if the practitioner considers that the child is 'Gillick competent'. The description of Gillick competency and a practitioner checklist for assessment is found in our Valid Consent document.

### **Consent for processing personal data**

There is a separate policy that covers consent for processing the personal data of non-patients. Training on consent is provided to all our team members, and consent procedures are reviewed and monitored regularly.

### **Privacy Notice**

The practice aims to meet the requirements of the Data Protection Act 2018, the General Data Protection Regulation (GDPR), the guidelines on the Information Commissioner's website as well as our professional guidelines and requirements.

The data controller is Uppal Patel.

This Privacy Notice is also available from the practice reception or by email if you contact [hello@sorrisodental.co.uk](mailto:hello@sorrisodental.co.uk), or by calling 01494 412442.

You will be asked to provide personal information when joining the practice. The purpose of us processing this data is to provide optimum health care to you.

*The categories of data we process are:*

- Personal data for the purposes of staff and self-employed team member management
- Personal data for the purposes of direct mail/email/text/other marketing
- Special category data including health records for the purposes of the delivery of health care
- Special category data including health records and details of criminal record checks for managing employees and contracted team members

We never pass your personal details to a third party unless we have a contract for them to process data on our behalf and will otherwise keep it confidential. If we intend to refer a patient to another practitioner or to secondary care such as a hospital we will gain the individual's permission before the referral is made and the personal data is shared.

Personal data is stored in the EU whether in digital or hard copy format

Personal data is obtained when a patient joins the practice, when a patient is referred to the practice and when a patient subscribes to an email list

*The lawful basis for processing special category data such as patients' and employees' health data is:*

Processing is necessary for the purposes of preventative or occupational medicine, for assessing the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or management of health or social care systems and services on the basis of Union or Member State law or a contract with a health professional

*The lawful basis of processing personal data such as name, address, email or phone number is:*

Consent of the data subject

Processing is necessary for the performance of a contract with the data subject or to take steps to enter into a contract

The retention period for special data in patient records is a minimum of 10 years and may be longer for complex records in order to meet our legal requirements. The retention period for staff records is 6 years. The retention periods for other personal data is 2 years after it was last processed. Details of other retention periods are available in the Record Retention (M 215) procedure available from the practice.

You have the following personal data rights:

The right to be informed

The right of access

The right to rectification

The right to erasure (clinical records must be retained for a certain time period)

The right to restrict processing

The right to data portability

The right to object

Further details of these rights can be seen in our Information Governance Procedures or at the Information Commissioner's website. Here are some practical examples of your rights: If you are a patient of the practice you have the right to withdraw consent for important notifications, newsletters, surveys or marketing. You can inform us to correct errors in your

personal details or withdraw consent from communication methods such as telephone, email or text. You have the right to obtain a free copy of your patient records within one month.

If you are not a patient of the practice you have the right to withdraw consent for processing personal data, to have a free copy of it within one month, to correct errors in it or to ask us to delete it. You can also withdraw consent from communication methods such as telephone, email or text.

We have carried out a Privacy Impact Assessment and you can request a copy from the details below. The details of how we ensure security of personal data is in our Security Risk Assessment and Information Governance Procedures.

#### *Comments, suggestions and complaints*

Please contact Uppal or Dipan Patel. We take complaints very seriously.

If you are unhappy with our response or if you need any advice you should contact the Information Commissioner's Office (ICO). Their telephone number is 0303 123 1113, you can also chat online with an advisor. The ICO can investigate your claim and take action against anyone who's misused personal data. You can also visit their website for information on how to make a data protection complaint.

#### Related practice procedures

You can also use these contact details to request copies of the following practice policies or procedures:

Data Protection and Information Security Policy, Consent Policy,  
Privacy Impact Assessment, Information Governance Procedures.



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