

DATA SHARING FORM

Keep Part I for your own records then complete PART II and send to magnalabs.info@nhs.net

PART I - Use of group email or multiple email addresses for sharing patient information e.g. therapeutic drug assay reports

Dear Consultant/ Pharmacist,

You are registered in the Magna Laboratories database as the healthcare professional responsible for the prescribing / dispensing of therapeutic drugs to the patients under your care. Any information in the Magna Laboratories database pertaining to the registration and reporting of drug monitoring results for your patients is addressed for your attention by Magna Laboratories.

You have requested that communications concerning the drug monitoring results for your patients should be sent to a group email address that is shared with members of your care team/ pharmacy team or one or more individual email addresses in addition to your own. Magna Laboratories Limited (herein after referred to as 'Magna Labs' or "we"), the company contracted to perform drug plasma level analysis for your patients, understands the legitimacy of your request and will be able to facilitate this upon receipt of a Data Sharing Form, completed by yourself. Below we explain the rationale for the Data Sharing Form.

When you send patient blood samples to Magna Labs for drug plasma level analysis, we send out reports as an email attachment. The report contains information about your patient, which constitute special categories of personal data under applicable data protection legislation. Magna Labs is required to ensure that such data is kept strictly private and confidential at all times and that it is only shared with those people who need access to the information in order to provide healthcare to that patient. We process personal data in accordance with the terms of the Magna Labs Privacy Notice (www.magnalabs.co.uk).

We understand that the information sent by Magna Labs may need to be shared with members of your care team, to enhance continuity of care for your patient(s). However, as the healthcare professional responsible for the patient's drug prescribing/ dispensing, the management and the control of access to information regarding your patients' personal and healthcare data as held by Magna Labs is ultimately your responsibility. Where you request Magna Labs to send communications containing personal data and special category personal data of patients to a group email address, Magna Labs does not know and cannot control who has access to that data. Similarly, for multiple email addresses, Magna Labs is unable to confirm that it has only shared data with those people who need to access that information in order to provide healthcare to that patient. It is your responsibility to ensure that only those that require access to the information do so. In order to protect your patients' health and the confidentiality of their personal data and ensure safe receipt of your patients' information on the group email address / additional email address(es) that is/are used within your care team, Magna Labs requires healthcare professionals to confirm that:

- A. a written policy is in place which:
 - i. describes who has access to the group email address (and to the personal information from Magna Labs registered patients), with names of nominated staff members and a process for the periodic review of their access rights
 - ii. includes responsibilities of the nominated staff members who can access the information, with regards to maintaining confidentiality for the data that is received via the group email address / additional addresses
 - iii. provides the frequency with which the group email address / additional addresses is monitored by nominated staff and how received information will be handled (including allocating responsibilities for ensuring that received information is dealt with appropriately); the frequency of monitoring the group email should be at least daily within working hours (Monday - Friday)
 - iv. describes the responsibilities of nominated staff members with regards to escalation of relevant clinical information; the policy should define information that is considered clinically relevant
 - v. details the measures in place to ensure compliance with applicable data protection legislation, including the steps that should be taken in the event of a data security breach (a data breach response plan).
- B. appropriate technical and organisational security measures have been put in place by the organisation employing the healthcare professional, to prevent the unauthorised or unlawful access to or disclosure of the group email address and any accidental loss, alteration or destruction of, or damage to any patient data sent to the group email address / additional address by Magna Labs.
- C. the healthcare professional will ensure management and control of access to the group email address and shall inform Magna Labs within 14 days of any changes to (a) the group email address or additional address(es) (including its validity), (b) details of the patients under their care, and (c) if access to patient data held by Magna Labs is no longer required by the healthcare professional or any member of their team, in order to prevent unauthorised access to patient data.

DATA SHARING FORM

PART II - DECLARATION

Consultant / Pharmacy Name	
GMC Number if applicable	
Group email address / additional email address(es)	

1. I acknowledge that the information sent to the Email Address(es) by Magna Labs shall include communications, which are pseudo-anonymised* where possible, but may include / concern:

- Any Registration Confirmations, Alerts and Warnings issued for my patients by Magna Labs.
- Drug assay result reports which are not pseudo-anonymised - automatically generated from the Magna Labs Laboratory Information Management System (LIMS).

* For Magna Labs communications, other than analytical reports, your patient is identified by initials and either date of birth, and/or ID number (e.g. ZTAS, CPMS, NHS); full patient details can be retrieved on request.

2. To ensure the confidentiality of my patients' data and the safety of my patients' health, I warrant that the following provisions have been made regarding the use of the Email Address:

- Emails sent to the Email Address shall only be accessed by nominated members of my care team.
- Emails sent to the Email Address shall be checked regularly on a daily basis within working hours.
- Any relevant clinical information will be highlighted for my attention as the responsible Consultant / Pharmacist for this patient as soon as possible and in any event within 1 working day.
- A written policy has been put in place which includes items detailed in Part I Section A i. to v.
- If Magna Labs request a copy of the written policy, I will provide this within 7 days of the date of the request
- All members of my care team have been provided with a copy of the policy and have received appropriate training on its contents
- I and all members of my care team will comply with the provisions of the written policy above
- To the best of my knowledge and belief, having made reasonable enquiries, appropriate technical and organisational security measures have been put in place against the unauthorised or unlawful access to or disclosure of the Email Address(es) and against any accidental loss, alteration or destruction of or damage to any patient data sent to the Email Address(es) by Magna Labs.

3. I shall immediately notify Magna Labs if:

- I receive any correspondence (including complaints) from any third party relating to Magna Labs communications being sent to the Email Address(es) and I shall provide Magna Labs with a copy of the correspondence as well as full co-operation and assistance in relation to such correspondence.
- I become aware of any actual or suspected unauthorised or unlawful access to or disclosure of the Email Address(es) or any loss, alteration, destruction or damage to patient data sent to the Email Address(es) and shall take all steps to mitigate such unauthorised or unlawful access and provide all assistance required in respect of any related notification to a supervisory authority or individual, including making the notification itself if so required by Magna Labs.

4. I acknowledge that Magna Labs shall not be responsible for any breach of applicable data protection legislation, any breach of confidentiality and/or any other harm or loss suffered by my patient(s) arising as a result of or in connection with communications sent from Magna Labs to the Email Address(es).

5. I shall provide an alternative email address (which is not a group email address) to Magna Labs to which communications relating to my Magna Labs registered patients associated with me (the consultant) / the pharmacy stated above should be sent immediately upon request by Magna Labs.

By signing this form, I confirm my understanding of, and commitment to, my responsibilities regarding the use of the Email Address(es) by Magna Labs for the sending of communications concerning the patients registered with Magna Labs under my care. I understand that management and control of access to the Email Address(es) is my responsibility and I shall (1) inform Magna Labs of any changes to Email Address(es) and patients under my care (Part I Section C) and shall (2) immediately inform Magna Labs of any actual or suspected unauthorised or unlawful access to the Email Address(es).

Signed by Consultant / Pharmacist:	Date:

Please send PART II completed and signed to Magna Labs by email to magnalabs.info@nhs.net or info@magnalabs.co.uk or post to Magna Laboratories, Unit 5 Chase Industrial Estate, Alton Road, Ross-on-Wye, HR9 5WA

By typing my name and ticking this box instead of a signature, I understand this constitutes an agreement with Magna Laboratories.