GDPR Declaration

As an essential part of its business, the Hub pharmacy is required to comply with the requirements of the UK Data Protection Act 1998 and any subsequent amendments to this legislation, including the General Data Protection Regulation (GDPR) which came into effect 25 May 2018.

During your engagement as a Locum Pharmacist, you will have access to the personal details and confidential information of our patients. You may also have access to the personal details of the Hub pharmacy colleagues and contractors and their confidential information. Both during your engagement and after its termination, you have a professional duty to observe patient and colleague confidentiality and are prohibited from communicating or disclosing to any third party any patient or colleague information unless required by law or unless prior authorisation from the Company and / or the patient or colleague has been obtained.

Any memoranda, notes, records and other documents of the Hub pharmacy in your possession are and shall remain the property of the Hub pharmacy and should not be removed from the pharmacy premises without explicit written permission from the Superintendent Pharmacist.

Any guidance on standards you are expected to satisfy including data handling and all relevant the Hub pharmacy policies are available from the Intranet. You should be completing annual Data Protection and information Governance training offered by recognised Professional Bodies.

Any Locum disclosing confidential/patient records or information to any unauthorised person or persons will render you in breach of contract and subject to appropriate action, which may result in the cancellation of your contract and may be reported to the regulator.

**By signing this declaration, you are confirming that you understand your responsibilities and will comply with all relevant the Hub pharmacy polices that support the business compliance with the current data protection act.**

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPhC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_