



Confidentiality Policy– School Clinic

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Revision	Date	Comment
Original	21 st September 2020	First Edition
Revision	04 th January 2021	General revision
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Content

1. **Confidential health care information** Fehler! Textmarke nicht definiert.
2. **Staff obligations**..... Fehler! Textmarke nicht definiert.
3. **Declaration of confidence** Fehler! Textmarke nicht definiert.

1. Definition

Confidential health care information means all information relating to a patient's health care history, diagnosis, condition, treatment or evaluation obtained from a health care provider who has treated the patient.

2. Staff obligations

- 2.1. Students have the right to privacy and confidentiality.
- 2.2. Information in the student's School Health Record will not be released to third parties, except with written permission from the parents or guardians, or a directive from Dubai Health Authority or other ministries.
- 2.3. Secure records at all times, including confidentiality safeguards for electronic records.
- 2.4. Train school personnel who handle student school health records in confidentiality requirements.
- 2.5. Any school personnel, including health care providers, who maintain school health records containing confidential health care information shall be responsible for ensuring full confidentiality of this information.
- 2.6. Any school personnel, including health care providers, who release confidential health care information from school health records, shall document each such release in the applicable cumulative school health records by indicating the following:
 - Date of release.
 - Description of the information released.
 - Name(s) of the person(s) to whom the information was released.
 - Reason for the release of information.
- 2.7. Any person suspected of violating the confidentiality will have to follow penalties pertaining to the same as per Decree No 32 of 2012 which can be accessed at https://www.dha.gov.ae/en/HealthRegulation/Documents/TRANS_2012_823_Executive%20Council%20Res%20No%2032%20of%202012_Final-2-dr.layla.pdf

3. Declaration of confidence

I hereby certify that I have read and understood the Confidentiality Policy and that I will abide by it. All information I receive at the School Clinic will be treated in the strictest confidence.

Full Name:	
Date:	
Signature:	