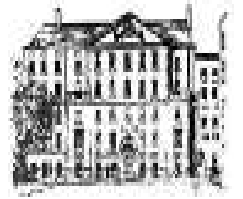




NATIONAL MATERNITY HOSPITAL

Founded in 1894

Telephone: (01) 637 3100. Fax: 6766623. Web: www.nmh.ie



Data Protection / Information Practices Notice

This form must be read, signed and returned with the Patient Registration Form.

The National Maternity Hospital (NMH) is concerned with ensuring the highest standard of medical care for all our patients. The Hospital's procedures and policies are consistent with Medical Councils Guidelines on Ethical Conduct and Behaviour and the privacy principles of the Data Protection Acts 1988-2003.

This leaflet advises you of the hospital policies and practices in dealing with your medical information and your rights in relation to access to and correction of such information held.

Nature of data collected, purposes for which data may be used and persons to whom data may be disclosed.

Confidential and personal data is collected from patients in order to advise and provide each patient with the best medical care possible. All information is filed securely and is accessible on a strictly need to know basis. Staff employed by The NMH are aware of the confidential nature of personal health information and of the serious breach of trust represented by unauthorised access or disclosure to any unauthorised person.

Data may be used to provide clinical care. Anonymised data may also be used as a basis for clinical audit and for research purposes. Data which is used for non-anonymised research purposes will require further consent.

All health professionals involved are ethically and legally bound to treat your information confidentially and with the utmost care. The law stipulates that in certain instances personal information (including health information) may be disclosed for example in the case of child protection legislation.

Data Protection Rights (access and correction)

Individuals are entitled on written request to obtain a copy of their personal data and to have inaccuracies amended or erased.

I have read and understand the nature of data which is collected by The NMH, the purposes for which the data may be used, the persons whom data may be disclosed and my rights in relation to access and correction of my personal data.

Signature: _____ Date: _____