

FATIMA JINNAH INSTITUTE OF DENTAL SCIENCES LAHORE

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POLICY FOR MAINTENANCE OF PATIENT CONFIDENTIALITY

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To: Admin Officer

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Policy for Maintenance of Patient Confidentiality

1. Purpose

The purpose of this policy is to establish comprehensive guidelines and procedures to ensure the confidentiality, security, and ethical use of patient information at FJIDS. This policy reinforces the institute's commitment to safeguarding the privacy and dignity of all patients in accordance with applicable laws, ethical standards, and institutional regulations.

2. Scope

This policy applies to all faculty members, postgraduate and undergraduate students, administrative staff, contractual employees, and any other individuals who have access to patient information within FJIDS dental hospital facilities.

3. Policy Statement

FJIDS is committed to maintaining the highest standards of patient confidentiality. All patient-related information, whether verbal, written, electronic, or photographic, shall be handled with the utmost discretion and accessed only for legitimate, authorized, and professional purposes.

4. Patient Consent

- Written informed consent must be obtained and documented in the patient's file prior to the initiation of any treatment or procedure.
- Procedure-specific consent forms are mandatory for all clinical interventions.
- Verbal consent must be obtained before commencing each treatment or procedure.
- Explicit consent must be secured before using patient records, images, or cases for academic, teaching, or research purposes.

5. Confidentiality of Patient Information

- All personal, medical, and financial information of patients shall be treated as strictly confidential.
- Patient data shall only be accessed and utilized by authorized personnel for purposes directly related to patient care, institutional administration, or as required by law.

6. Access to Patient Information

- Access to patient information shall be restricted strictly on a need-to-know basis.
- All employees must authenticate their identity and access privileges before reviewing patient records.

7. Handling and Disclosure of Patient Information

- Patient information shall not be disclosed to any third party without the patient's explicit written consent, except where disclosure is legally mandated (e.g., medical emergencies, notifiable diseases, or public health reporting).
- Discussions involving patient details must be conducted in secure, private settings to prevent unauthorized disclosure.

8. Security of Records

- **Electronic Records:**
 - All electronic patient data must be stored in secure, password-protected systems, with encryption applied where necessary.
- **Paper and Radiographic Records:**
 - Physical records, including paper files, photographs, radiographs, and investigation reports, must be stored in locked cabinets or rooms with restricted access.

9. Training and Education

- All employees, students, contractors, and volunteers shall undergo regular training sessions on confidentiality policies and procedures.
- Training modules shall include practical scenarios to strengthen compliance with confidentiality obligations.

10. Reporting Breaches

- Any suspected or confirmed breach of patient confidentiality must be reported immediately to the designated Privacy Officer or the respective supervisor.
- All reported incidents will be investigated promptly, and appropriate corrective or disciplinary actions will be undertaken in accordance with institutional regulations.

11. Retention and Disposal of Records

- Patient records shall be retained in accordance with legal requirements and institutional policies.
- Records that are no longer required must be disposed of securely in compliance with the hospital's records disposal policy, ensuring no unauthorized access.

12. Monitoring and Compliance

- Compliance with this policy shall be monitored through periodic assessments and audits.
- Violations of this policy may result in disciplinary action, including termination of employment or academic penalties, depending on the severity of the breach.

13. Policy Review

- This policy shall be reviewed annually, or earlier if required, to ensure its continued relevance, effectiveness, and alignment with applicable legal and ethical standards.

Note: While utmost care has been taken in formulation of these policies to ensure that they are in accordance with the policies of government of Punjab and SHC&ME department. In case of any disparity, the policies laid out by government of Punjab and SHC&ME department shall be considered as final and followed.