

MEASURES FOR MAINTAINING CONFIDENTIALITY

Confidentiality is maintained as follows

- By asking the staff to sign a confidentiality pledge/declaration at the time of employment, which remains in force after cessation of employment from the Hospital/Registry;
- By maintaining a list, with Security, of all employees authorized to enter the Registry;
- By not letting anyone in the office staff does not know;
- By escorting visitors back and forth to the door;
- By providing proof of identification to staff engaged in registration;
- By keeping the forms/folders locked in cabinets in the Cancer Registry and Clinical Data Management unit;
- By locking the office at the end of the day, depositing the key with Security, and maintaining a list of accessees;
- By allowing Registry staff to use the specific username (ID) and password to start the computer and another user-password controlled log on to access the Hospital information System and thus, the Cancer Registry and Clinical Data Management software;
- By locking the computer by using CTL-ALT-DEL to bring up the Windows Security screen and clicking on the "Shut down" button when leaving the office;
- By picking up all the printouts pertaining to the Registry promptly;
- By refraining from discussing confidential data in the halls or from carrying them to break rooms or restrooms;
- By allowing only authorized individuals to examine collated results;
- By separating tumor-related data from key personal identifiers such as name, ID, and address, when reporting the results;
- By making it known that preserving confidentiality is every professional's responsibility, if identifiable information needs to be reported;
- By subjecting data on deceased persons to the same procedures for confidentiality as data on living persons;
- By treating all data in the Registry as confidential whether the data items are personal identifiers or not;
- By defining "data" as all information, documents, reports, and files;

- By avoiding transmission of information on telephone; and
- By disposing of paper-based forms once confirmed that there is no need to retain those forms but still retaining the entire information in the software.

Release of Registry data

- By publishing i) yearly results and ii) collated data, for the entire time period the Registry has been in existence, as each year ends (Jan. 1-Dec. 31);
- By obtaining written requests for release of Registry data for research or healthcare planning;
- By ensuring that ethical aspects related to release of information are taken care of;
- By refusing requests for information on identifiable data concerning individuals (who may or may not have a cancer recorded at the Registry), from agencies dealing with pension schemes, healthcare cost re-imburement, industrial disease compensation panels, and life insurance and directing enquirer to obtain information directly from the subject or the subject's treating physician; and
- By asking nominated professionals to handle inquiries from the press about the Registry.

Note

- The aforementioned measures also apply to preserving confidentiality of patients with non-cancerous diseases as the Registry is also a repository for non-cancerous cases.
- Identifiable data may be provided to a clinician for use in the treatment of cancer patients but only the data necessary for the stated purpose would be released.

Reference

Guidelines on Confidentiality for Population-based cancer registration-International Association of Cancer Registries: IACR, Lyon, 2004: Internal Report No. 2004 / 03.

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