



## What we are talking about:

### PERSONAL DATA

Any information relating to an individual.

### DATA SUBJECT

The individual the personal data relate to.

### PROCESSING

Any operation performed on data, such as collection, recording, storage, elaboration, retrieval, modification, use, dissemination, erasure, etc.

### INFORMATION NOTICE

A notice every data subject has the right to receive in order to understand purposes and mechanisms of the processing for which their data are intended. Physicians may use a simplified model information notice.

### CONSENT

The authorisation by which a data subject allows processing of their personal data.



**GARANTE  
PER LA PROTEZIONE  
DEI DATI PERSONALI**

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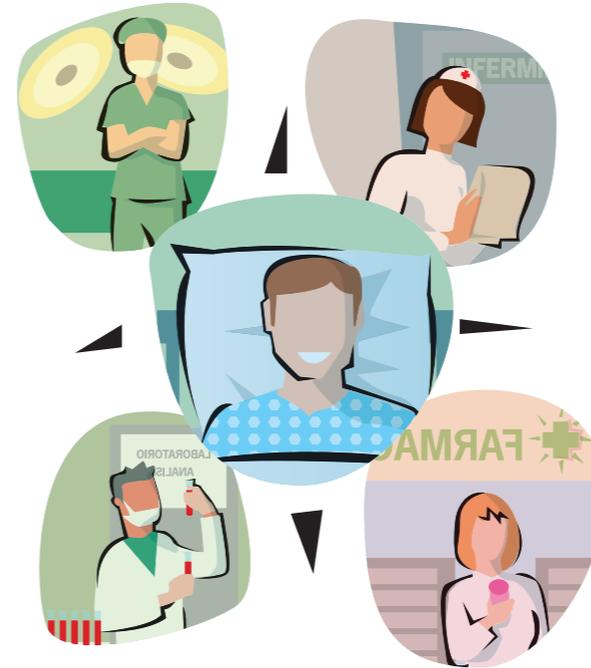
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# Protection of personal data: SIDING WITH THE PATIENT



Everyone has the right to the protection of the personal data concerning them. A personal data that can disclose a person's health is "sensitive data".

The Personal Data Protection Code lays down rules for processing personal data in health care so as to protect the patient's dignity and privacy by taking account of the professional role played by medical and nursing staff.

The Garante (Italian data protection authority) set out, on 9 November 2005, a set of measures public and private health care organisations are required to take in order to ensure the highest possible level of protection of individuals and their dignity.

You have the right to the highest degree of privacy and respect for your dignity in all your dealings with medical staff and health care organisations – whether you need treatments or medical care, purchase drugs, or go through administrative procedures.

# More privacy in hospitals and health care

## Can a physician inform other people about his patient's health?

Yes, but the patient's consent is required as a rule.

## What about a patient who's unable to give his or her consent but needs medical treatment?

Unless there is an impending danger for the patient's health, consent to the processing of personal data may be given by a third party (the family doctor, a family member, a person living with the patient, the manager of the institution where the patient is hosted) if the patient is physically or mentally incapacitated.

## If a person is brought to the emergency ward or hospitalised, who may be informed?

A health care body may only inform (also by phone) third parties who are lawfully entitled to receive information on the person's having been brought to or being in the emergency ward or in any other hospital ward – e.g. relatives, family members, persons living or acquainted with the patient, and voluntary staff. If the data subject is conscious and mentally sound, he or she must be informed beforehand (e.g. upon admission) and must be enabled to decide who is to receive the information in question.



## May volunteers' associations receive information on individuals they provide assistance to?

Yes, however they have to comply with all the rules health care bodies have laid down for their internal staff in order to ensure respect for dignity and the highest possible level of protection to patients, including compliance with professional secrecy rules.

## How should health care bodies deal with the so-called disadvantaged groups or with patients undergoing certain specific treatments?

Disadvantaged groups (people with disabilities, children, elderly people) and patients undergoing invasive medical treatments have the right to receive special attention as regards the protection of their dignity. Arrangements must be made during visiting hours in resuscitation wards, also provisionally, e.g. with the help of removable screens, to ensure that patients are only visible to their family members and acquaintances.

## May surgical waiting lists be posted at the entrance of wards?

No. There is no justification for posting surgical waiting lists in publicly accessible areas, regardless of whether the individual disorders are specified; nor is it allowed to let others look into documents on a patient's clinical condition – such as the nursing charts placed close to hospital beds.

## What's the use of the "please wait here" line?

Ensuring the confidentiality of all interviews. There must be spaces, often marked by a yellow line, beyond which people can wait to be served when in a line at hospital offices or at the chemist's.



## Who may collect medical analyses or health records?

Medical reports, health records, results of medical analyses, and the certifications issued by health care bodies may be also delivered to individuals other than the data subjects, but those individuals must be authorised in writing.



## How should patients be called out in waiting rooms?

Patients waiting to be visited or to collect documents (e.g. medical analyses) in the premises of large hospitals or similar institutions should not be called out by their names. Alternative options are available – e.g. an alphanumeric code may be allocated at the time the patient makes an appointment or is hospitalised.

## And what about family physicians calling out their patients' names?

Family physicians, private practices and medical specialists having personal relationships with their patients may call out their patients' names.