Practice Address

DATE

**Private & Confidential**

Name and role: XXX

Organisation: XXX

Dear NAME

**Honorary Contract**

I confirm your honorary appointment within Practice Name in the role of XXX on behalf of XXX (e.g. Named CCG) will commence on XXX.

The purpose of this honorary contract is to allow you to provide administrative/ clinical support as part of the XXX (e.g. lipid optimising and FH programme) and any other relevant administrative/ clinical support required for XXX. In doing so, you will be required to have access to confidential data whilst working on behalf of the practice.

**1. Status**

The title and status of this honorary contract does not create an employment relationship and attracts no remuneration from Practice Name.

Where applicable the commencement and continuation of this contract may be subject to a satisfactory Disclosure and Barring Service (DBS) disclosure, confirmation of registration with the appropriate professional body, and confirmation that your health does not constitute a risk to employees, patients or visitors.

The continuation of your honorary contract is also subject to your continued employment with XXX in the role outlined above.

**2. Reporting arrangements**

You shall report to the Practice Manager whilst undertaking honorary duties within the surgery and will be under the general direction of the practice whilst undertaking duties in relation to this honorary contract.

**3. Policies and Procedures**

You must always comply with the organisations’ rules, policies and procedures as amended from time to time. Copies of all rules, policies and procedures can be obtained from the practice staff.

**4. Confidentiality of Information**

**Confidentiality & Information Governance**

In the course of your work for the practice you may acquire or have access to confidential information relating to employees, patients, clients, or of a commercial nature. Confidential information shall include, but not be limited to:

* all information which has been specifically designated as confidential by the practice.
* any information which relates to the commercial or financial activities of the practice, the unauthorised disclosure of which would embarrass, harm or prejudice the practice
* personally, identifiable information
* any information it could reasonably be assumed would be confidential

It is expected that throughout your time with the practice you will comply with the provisions of the Data Protection Act, the Freedom of Information Act, the Caldicott Principles and any other relevant legislation.

All confidential information should be treated confidentially and, except as authorised or required by your duties for practice or by law, you must not reveal such information other than to authorised individuals.

Any failure to comply with confidentially and information governance requirements will be reported to your employer and could result in disciplinary action.

Yours sincerely

**Practice Manager**

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**ACCEPTANCE**

I hereby confirm my acceptance of the honorary appointment on the terms specified in the above contract.

Signature ……………………………………………………..

Print Name …...…………………………………………………..

Date ……………………………………………………………..

Please return one signed copy of this contract to your supervisor in the Practice. The second copy is for your records.