1. Disclosure required by statute

Health professionals are required by law to disclose certain information, regardless of patient consent. Health professionals must be aware of their obligations to disclose in these circumstances as well as to ensure that they do not disclose more information than is necessary. Where such a statutory requirement exists, patients’ consent to disclosure is not necessary. Patients have no right to refuse but they should be generally aware of the disclosure and that it is to a secure authority.

Examples of statutory disclosures include:

- Public Health (Control of Disease) Act 1984 and Public Health (Infectious Diseases) Regulations 1988 – a health professional must notify local authorities of the identity, sex and address of any person suspected of having a notifiable disease, including food poisoning
- Abortion Regulations 1991 – a doctor carrying out a termination of pregnancy must notify the Chief Medical Officer, giving a reference number and the date of birth and postcode of the woman concerned
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 – deaths, major injuries and accidents resulting in more than three days off work, certain diseases and dangerous occurrences must be reported
• Road Traffic Act 1988 – health professionals must provide to the police, on request, any information which may identify a driver alleged to have committed a traffic offence
• Terrorism Act 2000 – all citizens, including health professionals, must inform police as soon as possible of any information that may help to prevent an act of terrorism, or help in apprehending or prosecuting a terrorist
• The Information Sharing Index (England) Regulations 2007 (ContactPoint) – health professionals must provide basic identifying information to the local authority for every child up to the age of 18.

2. Disclosure to the police, social services and partner organisations
Some statutes permit, rather than require, disclosure. Examples include the Data Protection Act 1998, the Crime and Disorder Act 1998 and the Children Act 1989 which permit disclosure to other organisations, such as the police, local authorities, social services, schools, Multi-Agency Protection Panels and government bodies. In such cases, health professionals may only disclose information when the patient has given consent or there is an overriding public interest. If health professionals have any doubts about whether the disclosure is a statutory obligation, they should ask the person or body applying for the information to specify under which legislation it is sought. (See also Card 10 on Public Interest and Card 1: ‘DH Code’, ‘GMC’, ‘MET’, ‘NI Confidentiality’ and ‘Scotland Confidentiality’.)
3. Disclosure to solicitors

Health records that are required for legal proceedings are usually obtained via the Data Protection Act 1998 or Access to Health Records Act 1990. Health professionals releasing information to lawyers acting for their patients should ensure that they have the patient's written consent to disclosure and, where there is any doubt, confirm that the patient understands the nature and extent of the information disclosed. In practice, most solicitors will provide the patient's signed consent when requesting confidential information. If a solicitor acting for someone else seeks information about a patient, their consent to the release of the information must be obtained. Should the patient refuse, the solicitor may apply for a court order requiring disclosure of the information. (See also Card 1: ‘Access’ and ‘IC’.)

4. Disclosure to courts, tribunals and regulatory bodies

The courts, including the coroner’s courts, some tribunals, and bodies appointed to hold inquiries such as the General Medical Council, have legal powers to require disclosure, without the patient’s consent, of information that may be relevant to matters within their jurisdiction. Applications for court orders must be served on patients who, if they object to the disclosure of the information, must be given an opportunity to make representations to the court. However, often applications are served on health care organisations when they should be served on patients. In these circumstances the patient should be informed of the application so they can make their representations.
to court if they object. Where a court order is served health professionals are justified in disclosing information when they believe on reasonable grounds that information falls within this category, and should disclose only as much information as is requested. Failure to comply with a court order to release records may be an offence, but health professionals should object to the judge or presiding officer if they believe that the records contain information that should not be disclosed, for example, because it relates to third parties unconnected with the proceedings. Patients should be informed of disclosures ordered by a court.

5. **Statutory restrictions on disclosure**

Health professionals are required by law to restrict the disclosure of some specific types of information. For example:

- The Gender Recognition Act 2004 allows transsexual people who have taken decisive steps to live fully and permanently in their acquired gender to apply for legal recognition of that gender. The Act makes it an offence to disclose ‘protected information’ when that information is acquired in an official capacity. It defines ‘protected information’ as information about a person’s application to the Gender Recognition Panel for gender recognition and a person’s gender history after that person has changed gender under the Act. At the time of writing, Department of Health guidance for health care professionals regarding the Act, and specifically how this type of patient information should be recorded, stored and shared is awaited.
• The NHS (Venereal Diseases) Regulations 1974 (currently being reviewed by the Department of Health) and the NHS Trusts and PCTs (Sexually Transmitted Diseases) Directions 2000 provide that any information capable of identifying an individual who is examined or treated for any sexually transmitted disease including HIV shall not be disclosed, other than to a medical practitioner in connection with the treatment of the individual or for the prevention of the spread of the disease.

• The Human Fertilisation and Embryology Act 1990 protects the confidentiality of the information kept by clinics and the Human Fertilisation and Embryology Authority (HFEA). Information can only be viewed by the clinic licence-holder and by staff or members of the HFEA (plus, in certain circumstances, the Registrar General or a court). Disclosure of information which identifies the patient to another party without the patient’s prior consent is a criminal offence.