



Body Worn Video Privacy Impact Assessment (Clinical & Reception Staff Deployment)

January 2025

Aspects of Privacy Impact Assessment

There are four aspects of privacy to be considered when undertaking a PIA, they will at times overlap and should be seen as working guides to the issues a PIA should explore, rather than strict definitions.

A PIA should consider:

1. The privacy of personal information:

This aspect is referred to variously as 'data privacy' and 'information privacy'. Individuals generally do not want data about themselves to be automatically available to other individuals and organisations. Even where data is possessed by another party, the individual should be able to exercise a substantial degree of control over that data and its use. The development of information technologies have had substantial impacts on information privacy.

2. The privacy of the person:

This aspect is sometimes referred to as 'bodily privacy', and is concerned with the integrity of the individual's body. Issues associated with privacy include body searches, compulsory immunisation, blood transfusion without consent, compulsory provision of samples of body fluids and body tissue, and requirements for submission to biometric measurement.

3. The privacy of personal behaviour:

This aspect relates to the observation of what individuals do, and includes such issues as optical surveillance and 'media privacy'. It could relate to matters such as sexual preferences and habits, political or trade union activities and religious practices. But the notion of 'private space' is vital to all aspects of behaviour, it is relevant in 'private places' such as the home and toilet cubicle, and is also relevant in 'public places', where casual observation by the few people in the vicinity is very different from systematic observation, the recording or transmission of images and sounds.

4. The privacy of personal communications.

This aspect could include various means of analysing or recording communications such as mail 'covers', the use of directional microphones and 'bugs' with or without recording apparatus and telephonic interception and recording. In recent years, concerns have arisen about third party access to email messages. Individuals generally desire the freedom to communicate among themselves, using various media, without routine monitoring of their communications by other persons or organisations.

Privacy Impact Assessment Proforma

This document must be completed for any new / or change in service which pertains to utilise personal identifiable information. It must be completed as soon as the new service / or change is identified by the Project Manager / System Manager or Information Asset Owner.

This process is a mandated requirement on the Information Governance Toolkit to ensure that privacy concerns have been considered and actioned to ensure the security and confidentiality of the personal identifiable information.

There are 2 types of Privacy Impact Assessments – a small scale and full scale. This proforma is based on the Small Scale PIA. Following completion of this proforma, it may be necessary to conduct a Full Scale PIA. Full details are available in the Information Commissioner's handbook.

Privacy Law compliance checks and General Data Protection Regulation compliance checks are part of the PIA process – the questions to assess this are included in the proforma.

Please complete all questions with as much detail as possible and return the completed form to:

Information Governance

Information.governance@nhs.net

Further guidance on specific items can be found on the Information Commissioner's website.

www.ico.gov.uk

Section A: New Project Details

Name: Body Worn Video – Clinical (Medical & Nursing) & Reception Staff
Objective: The project aim is to <ul style="list-style-type: none">• To protect staff, patients and visitors• To protect Trust premises and Trust assets• To increase personal safety and reduce the fear of crime• To reduce incidents of violence and aggression to staff members• To support the Police in reducing and detecting crime• To assist in identifying, apprehending and prosecuting offenders• To support internal enquiries• To provide an overall deterrent effect
Background: Body Worn Video (BWV) equipment consists of a small Calla camera attached to the uniform of clinical, diagnostic and reception staff which record visual and sound data by the officers during tours of duty. The purpose of the recording is to safeguard staff and patients during violent and aggressive or anti-social behaviour incidents. The footage will be in an encrypted format, securely stored and only viewed by authorised persons. The devices will only be activated during an incident and continuous or covert recording is strictly not permitted.
Benefits: Are: <ul style="list-style-type: none">• Protection of all staff and patients• Deterrent and encourages compliance through self-awareness• Supports de-escalation of violence• Safety of staff by reducing verbal and physical attacks• Provision of verifiable recordings with time-stamp & support statements• Saving lengthy descriptive reports having to be provided• Footage is readily acceptable by courts and CPS• Acceleration of judicial process by encouraging early guilty pleas• A reduction in complaints against staff• BWV should reduce absenteeism by supporting with all the above• A tangible contribution to efficient work flow and cost savings
Constraints: <ul style="list-style-type: none">• Entitlement to footage, possible release to third parties• Recording & handling sensitive footage• BWV must be worn and carried• Continuity of evidence• Battery life

<p>Relationships: (for example, with other Trust's, organisations)</p> <p>Networking information with other Trusts that have deployed BWV- Oxford, London Improved relationships with the Trust security team, police and Crown Prosecution Service – evidence retention. Relationship with ambulance service – violence & aggression incidents. Fire Service – Fire prevention and reduction.</p>	
<p>Quality expectations:</p> <ul style="list-style-type: none"> • Reduction in anti-social behaviour • Reduction in incidents of violence & aggression • Reduction in complaints • Reduction in claims and compensation liability • Staff security & safety perceptions • Deterrent measures • Savings in sickness absence due to incidents • Improvements in evidence data quality 	
<p>Cross reference to other projects: Trust CCTV system, Security staff BWV & UAV deployment,</p>	
<p>Project Manager: Mike Lees</p>	
Name: Mike Lees	Name: Lisa Corbridge
Title: Head of Business Security	Title: Business Security Specialist
Department: BSU	Department: BSU
Telephone: 01226 431386	Telephone: 01226 431387
Email: mike.lees@nhs.net	Email: lisacorbridge@nhs.net
<p>Information Asset Owner: (All systems/assets must have an Information Asset Owner (IAO). IAO's are normally the Heads of Departments and report to the SIRO)</p>	
Name: Mike Lees	
Title: Head of Business Security	
Department: Business Security Unit	
Telephone: 01226 431386	
Email: mike.lees@nhs.net	

Customers and stakeholders:

Name:

- Business Security Unit
- Trust Security Team
- G4S Security Services
- Barnsley Facilities Services (BFS)
- All Trust staff including volunteers, non-executive directors and governing body
- Trust Members
- Trust Service Users (Patients, Visitors, Relatives)
- All staff side organisations
- Human Resources Department
- W.H. Smith Ltd
- Barnsley Hospital Charity
- Contracted staff and service providers
- South Yorkshire ICS
- NHS England
- NHS Resolution
- South Yorkshire Police
- Yorkshire Ambulance Service
- South Yorkshire Fire & Rescue Services
- Barnsley Metropolitan Borough Council including elected members
- South West Yorkshire NHS Foundation Trust
- RightCare
- NHS Professionals
- Pogmoor & Old Town Residents

Section B Privacy Impact Assessment Key Questions

Question	Response		Ref to key req. e.g. IGTK, Small scale PIA etc
<p>1. Will the system (will now be referred to thereafter as 'asset') contain Personal Identifiable Data or Sensitive Data?</p> <p>If answered 'No' you do not need to complete any further information as PIA is not required.</p>	Patients Visitors Relatives Security Team Staff Contractors		
<p>2. Please state purpose for the collection of the data: for example, patient treatment, health administration, research, audit, staff administration</p>	<ul style="list-style-type: none"> • To protect staff, patients and visitors • To protect Trust premises and Trust assets • To increase personal safety and reduce the fear of crime • To reduce incidents of violence and aggression to staff members • To support the Police in reducing and detecting crime • To assist in identifying, apprehending and prosecuting offenders • To provide a deterrent effect and reduce criminal activity • To support internal enquiries 		IGTK 202
<p>3. Does the asset involve new privacy-invasive technologies?</p>	Yes If yes, please give details:		SS PIA (1)
<p>4. Please tick the data items that are held in the system</p>	<p>Personal Name Photographic/Video footage Voice audio</p>	<p>Sensitive</p>	
<p>5. Will the asset collect new personal data items which have not been collected before?</p>	Yes Audio/Sound data		SS PIA (5)
<p>6. What checks have been made regarding the adequacy, relevance and necessity for the</p>	Clinical & Reception staff will only deploy BWV technology against the defined operational and clinical requirements and Security Policy and		SS PIA (2 & 10)

collection of personal and/or sensitive data for this asset?	ensure that the use is proportionate, legitimate, necessary and justifiable. In addition, it will ensure that the use satisfies the requirement of addressing a pressing staff and patient safety need described in Trust policy. At all stages it will comply with the General Data Protection Regulation, Caldicott Guardian and other legislation. In the case of the Human Rights Act 1998, there will be adherence to the requirements of Article 6 (Right to a fair trial) and in respect of Article 8 (Right to respect for private and family life, home and correspondence) since this is a qualified right, information will only be captured and processed to achieve a legitimate aim as detailed earlier.	
7. Does the asset involve new or changed data collection policies that may be unclear or intrusive?	No Previous versions of the Trust surveillance camera policy have included the procedures and processes for data collection and have been subject of full consultation and approval by Trust Board. The CCTV policy has been recently revised to include BWV clinical deployment. This was revised in 2024.	SS PIA (9)
8. Is the third party contract/supplier of the system registered with the Information Commissioner? What is their notification number?	Yes G4S Security Solutions UK – Z7574426 Reveal Media Ltd – ZA089885	
9. Does the third party/supplier contracts contain all the necessary Information Governance clauses including information about Data Protection and Freedom of Information?	Yes Contract renewed 1 st April 2022 (+1 +1)	IG TK 110
10. Does the asset comply with privacy laws such as the Privacy and Electronic Communications Regulation 2003 (see appendix for definition)	Yes	Privacy Law Check
11. Who provides the	Patient	

information for the asset?	Staff Visitors including other agencies Relatives Contractors	
12. Are you relying on individuals (patients/staff) to provide consent for the processing of personal identifiable or sensitive data?	No It is important to note that in principle there is no requirement to obtain the express consent of the person or persons being filmed since the actions of all clinical, diagnostic and reception staff are deemed to be lawful and in many cases a matter of preventing harm. Also staff hold a public profile role and are identifiable by the mandatory wearing of name badges and I/D cards.	
13. If yes, how will that consent be obtained? Please state:	N/A	
14. Have the individuals been informed of and have given their consent to all the processing and disclosures?	Yes (explicit) Prior to any activation subjects, carers and persons in the immediate vicinity will be informed of the activation by the operator. Immediately on the camera being turned on they will again be informed of its activation. Existing CCTV signage also includes the activation of BWV and privacy notices are readily available with translations on the Trust internet site. <ul style="list-style-type: none"> • Any non-evidential material is retained for 31 days • This material is restricted and cannot be disclosed to third parties without the express authority of the subject of the recording unless prescribed by law; and • Recorded material is <u>Trust</u> information and that it can be accessed on request in writing in accordance with the GDPR & DPA, unless an exemption applies in the circumstances. The BWV operator will decide on a case-by-case basis when and when not to switch the BWV on or off. There should always be a presumption to	IGTK 203

	record if the 'need to address a pressing staff/patient safety need' has been achieved unless the circumstances dictate otherwise	
15. How will the information be kept up to date and checked for accuracy and completeness?	Following a duty period and any activation the staff will return the device to their respective secure office (secure location, access or key controlled) and following a 'check-in' process they will 'dock' it into a dedicated port that automatically downloads all the captured information on the providers cloud server. This information cannot be deleted or altered and is encrypted. The staff member will then identify the elements of captured data by submitting an internal datix incident. Once completed, the contents on the device are automatically deleted and retained on the cloud server. All other material will be automatically erased after 31 days. The security management team and site security manager will monitor for accuracy, completeness and being up to date.	
16. Who will have access to the information?	Trust security management team: <ul style="list-style-type: none"> • Head of Business Security • Business Security Specialist • BSU Support Officer • Site Security Manager 	
17. Do you intend to send direct marketing messages by electronic means? This includes both live and pre-recorded telephone calls, fax, email, text message and picture (including video)?	No	Privacy Check
18. If applicable, are there procedures in place for an individual's request to prevent processing for purposes of direct marketing in place?	N/A	Privacy Check
19. Is automated decision making used? If yes, how do you notify the individual?	No	Privacy Check
20. Is there a useable audit trail in place for the asset. For example, to identify who has	Yes Access to record strictly very limited to authorised	IGTK 206

<p>accessed a record?</p>	<p>personnel only (x4) and audit trail recorded via DEMS software.</p>	
<p>21. Have you assessed that the processing of personal/sensitive data will not cause any unwarranted damage or distress to the individuals concerned? What assessment has been carried out?</p>	<p>Yes</p> <p>Full internal and public consultation and assessment completed:</p> <ul style="list-style-type: none"> • Staff focus groups (100+ staff) • Barnsley Facilities Services (BFS) • Information Governance Department • Security Team • Business Security Unit • Head of Estates • Director of Nursing & Quality • Trust Chaplaincy • Trust Volunteers • ICT Department • Equality & Diversity Advisor • Nursing Teams • Staff side representatives • Community Safety Group • South Yorkshire Police • NHS England • South Yorkshire Integrated Care System • BMBC • Local Councillors • G4S Security Solutions UK • NHS Professionals • Pogmoor Residents Association • Old Town Residents Association • Yorkshire Ambulance Service • South Yorkshire Fire & Rescue Service 	
<p>22. What procedures are in place for the rectifying/blocking of data by individual request or court order?</p>	<p>The procedures and principles applicable to BWV are similar to how the Trust handles requests or court orders for CCTV data. Issues relating to these requests will be referred to the Trust legal team and Director of Nursing and Quality. There is regular liaison between BSU, IT and IG and established meetings where requests are tabled</p>	

	and discussed. Any that appear problematic have a referral pathway and BSU have access to Facit redaction software if required.	
23. Does the asset involve new or changed data access or disclosure arrangements that may be unclear?	No Existing arrangements are in place for CCTV data access and disclosure and will remain unchanged.	SS PIA (12)
24. Does the asset involve changing the medium for disclosure for publicly available information in such a way that data become more readily accessible than before? (For example, from paper to electronic via the web?)	No Although BWV now includes audio data the medium will not be more readily accessible.	SS PIA (14)
25. What are the retention periods (what is the minimum timescale) for this data? (please refer to the Records Management: NHS Code of Practice)	BWV & CCTV – 31 days Data retained for evidential purposes – 3 years Data retained for safety purposes – 10 years	SS PIA (13)
26. How will the data be destroyed when it is no longer required?	Files permanently erased and all erasures monitored by security management team and Trust ICT.	IGTK 105
27. Will the information be shared with any other establishments/ organisations/Trust's?	Yes South Yorkshire Police Barnsley Metropolitan Borough Council Enforcement (rarely) Crown Prosecution Service Courts NHS England South Yorkshire ICS Other NHS Trusts Very occasionally, the media will be given footage or stills from BWV when the safety of staff, patients or public is at risk and that risk can be reduced.	IGTK 207
28. Does the asset involve multiple organisations whether	No Initial processing will be by BSU staff only with	IGTK 207

<p>public or private sector? Include any external organisations. Also include how the data will be sent/accessed and secured.</p>	<p>asset always on site under secure conditions. Asset will never be shared with other parties.</p>	
<p>29. Does the asset involve new linkage of personal data with data in other collections, or are there significant changes in data linkages?</p>	<p>No Video data also collected by Trust CCTV system but no direct linkage of systems. Building prosecution cases to support South Yorkshire Police may involve the creation of composite video evidence e.g. bringing together BWV and CCTV – thus seeking to present the available ‘best evidence’ of events for all those involved in establishing the truth.</p>	SS PIA (8)
<p>30. Where will the information be kept/stored/accessed?</p>	<p>Other – please state below: Primary: Passcode secure computer and camera docking station located in secure office with electronic access I/D and/or key. Video data is immediately securely uploaded to cloud server with no data remaining on cameras or the computer. Primary backup: Secure remote drives, pass code protected. Pass code minimum of 15 digits Secure drives locked in secure cabinet when not in use. Access to cabinet personnel restricted. Secure cabinet located in office with electronic access I/D and passcode access (personnel restricted). Office staffed 24/7 with only SIA security personnel and all visitors signed in and accompanied at all times. Secondary backup: Secure remote drives, pass code protected. Pass code minimum of 15 digits held in government approved secure cabinet behind 3 locked doors, one of which is electronic monitored access control. This location in separate building approx. 200m from primary storage, access allowed by 3 members of security management team only.</p>	IGTK 210
<p>31. Will any information be</p>	<p>Yes</p>	IGTK 208

<p>sent off site If 'Yes' where is this information being sent</p>	<p>Further information: Footage will be supplied for evidential purposes via hyperlink and separately circulated password, by exception only via encrypted data on sealed or password protected discs/drives. Footage must be requested by authorised police or local authority staff. Immediate supply for life/death, detection of crime incidents will be provided in written request of a police officer of at least Inspector rank. In all cases a MG11 witness statement for continuity of evidence will be provided by site security manager. Master copy will be retained on the cloud server.</p>	<p>& 308</p>
<p>32. Please state by which method the information will be transported</p>	<p>Via online request and supplied hyper link and then by exception by hand.</p>	<p>IGTK 208 & 308</p>
<p>33. Are you transferring any personal and / or sensitive data to a country outside the European Economic Area (EEA)?</p>	<p>No</p>	<p>IGTK 209</p>
<p>34. What is the data to be transferred to the non EEA country?</p>	<p>N/A</p>	<p>IGTK 209</p>
<p>35. Are measures in place to mitigate risks and ensure an adequate level of security when the data is transferred to this country?</p>	<p>N/A</p>	<p>IGTK 209</p>
<p>36. Have you checked that the non EEA country has an adequate level of protection for data security? If yes, where?</p>	<p>N/A</p>	<p>IGTK 209</p>
<p>37. Is there a Security Management Policy and Access Policy in place? Please state policy titles.</p>	<p>Yes. Surveillance Camera Policy Security Policy I/D Card Policy</p>	<p>IGTK 301 & SS PIA (11)</p>
<p>38. Has an information risk assessment been carried out and reported to the Information</p>	<p>Yes – attached No significant collection, storage, handling,</p>	<p>IGTK 301 & Risk Ass</p>

Asset Owner (IAO)? Where any risks highlighted – please provide details and how these will be mitigated?	retention and destruction risks identified.	
39. Is there a contingency plan / backup policy in place to manage the effect of an unforeseen event? Please provide a copy.	<ul style="list-style-type: none"> • Trust Resilience Framework • Business Continuity Planning – BC-Lite • Primary & secondary back-up of BWV data • Access denial procedures – security and other departmental offices 	IGTK 301& Risk Ass
40. Are there procedures in place to recover data (both electronic /paper) which may be damaged through: <ul style="list-style-type: none"> <input type="checkbox"/> Human error <input type="checkbox"/> Computer virus <input type="checkbox"/> Network failure <input type="checkbox"/> Theft <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Other disaster 	<p>Yes.</p> <p>Data stored at two secure backup locations one within a separate building. Data stored on pass coded and encrypted remote drives all stand alone.</p> <ul style="list-style-type: none"> • Human error – software support • Computer virus – stand-alone storage & ICT support • Network failure – emergency laptops (x4) + fall-back sites • Theft – Full procedure in place for theft of device • Fire – secondary backup location • Flood – secondary back-up location • Other disaster – BC plans & Resilience Framework 	IGTK 301& Risk Ass
41. Is the PIA approved? If not, please state the reasons why and the action plan put in place to ensure the PIA can be approved	Yes No	
42. Is a full scale PIA required?	Yes No	

Form completed by:

Name: Mike Lees
<ul style="list-style-type: none"> • Title: Head of Business Security
Signature:
Date: 13th January 2025

Form Reviewed by:

<ul style="list-style-type: none">• Information Asset Owner (Name & Title): Mike Lees, Head of Business Security Unit
Information Asset Administrator (Name &Title): Lisa Corbridge, Business Security Specialist

Information Governance Board Approval:

Name: James Shaw
Title: IG Support Team Leader
Signature:
Date: 16th January 2025

Appendix – Glossary of Terms

Item	Definition
Personal Data	<p>This means data which relates to a living individual which can be identified:</p> <ul style="list-style-type: none">A) from those data, orB) from those data and any other information which is in the possession of, or is likely to come into the possession of, the data controller. <p>It also includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual</p>

<p>Sensitive Data</p>	<p>This means personal data consisting of information as to the:</p> <ul style="list-style-type: none"> A) racial or ethnic group of the individual B) the political opinions of the individual C) the religious beliefs or other beliefs of a similar nature of the individual D) whether the individual is a member of a trade union E) physical or mental health of the individual F) sexual life of the individual G) the commission or alleged commission by the individual of any offence H) any proceedings for any offence committed or alleged to have been committed by the individual, the disposal of such proceedings or the sentence of any court in such proceedings
<p>Direct Marketing</p>	<p>This is “junk mail” which is directed to particular individuals. The mail which are addressed to “the occupier” is not directed to an individual and is therefore not direct marketing.</p> <p>Direct marketing also includes all other means by which an individual may be contacted directly such as emails and text messages which you have asked to be sent to you.</p> <p>Direct marketing does not just refer to selling products or services to individuals, it also includes promoting particular views or campaigns such as those of a political party or charity.</p>

<p>Automated Decision Making</p>	<p>Automated decisions only arise if 2 requirements are met. First, the decision has to be taken using personal information solely by automatic means. For example, if an individual applies for a personal loan online, the website uses algorithms and auto credit searching to provide an immediate yes / no decision. The second requirement is that the decision has to have a significant effect on the individual concerned.</p>
<p>European Economic Area (EEA)</p>	<p>The European Economic Area comprises of the EU member states plus Iceland, Liechtenstein and Norway</p>
<p>Information Assets</p>	<p>Information assets are records, information of any kind, data of any kind and any format which we use to support our roles and responsibilities. Examples of Information Assets are databases, systems, manual and electronic records, archived data, libraries, operations and support procedures, manual and training materials, contracts and agreements, business continuity plans, software and hardware.</p>

SIRO (Senior Information Risk Owner)	This person is an executive who takes ownership of the organisation's information risk policy and acts as advocate for information risk on the Board
IAO (Information Asset Owner)	These are senior individuals involved in running the relevant service/department. Their role is to understand and address risks to the information assets they „own“ and to provide assurance to the SIRO on the security and use of those assets. They are responsible for providing regular reports regarding information risks and incidents pertaining to the assets under their control/area.
IAA (Information Asset Administrator)	There are individuals who ensure that policies and procedures are followed, recognise actual or potential security incidents, consult their IAO on incident management and ensure that information asset registers are accurate and up to date. These roles tend to be system managers
Implied consent	Implied consent is given when an individual takes some other action in the knowledge that in doing so he or she has incidentally agreed to a particular use or disclosure of information, for example, a patient who visits the hospital may be taken to imply consent to a consultant consulting his or her medical records in order to assist diagnosis. Patients must be informed about this and the purposes of disclosure and also have the right to object to the disclosure.
Explicit consent	Express or explicit consent is given by a patient agreeing actively, usually orally (which must be documented in the patient's case notes) or in writing, to a particular use of disclosure of information.

Anonymity	Information may be used more freely if the subject of the information is not identifiable in any way – this is anonymised data. However, even where such obvious identifiers are missing, rare diseases, drug treatments or statistical analyses which may have very small numbers within a small population may allow individuals to be identified. A combination of items increases the chances of patient identification. When anonymised data will serve the purpose, health professionals must anonymise data and whilst it is not necessary to seek consent, general information about when anonymised data will be used should be made available to patients.
Pseudonymity	This is also sometimes known as reversible anonymisation. Patient identifiers such as name, address, date of birth are substituted with a pseudonym, code or other unique reference so that the data will only be identifiable to those who have the code or reference.
Information Risk	An identified risk to any information asset that the Trust holds.

	Please see the Information Risk Policy for further information.
Privacy Invasive Technologies	Examples of such technologies include, but are not limited to, smart cards, radio frequency identification (RFID) tags, biometrics, locator technologies (including mobile phone location, applications of global positioning systems (GPS) and intelligent transportation systems), visual surveillance, digital image and video recording, profiling, data mining and logging of electronic traffic. Technologies that are inherently intrusive, new and sound threatening are a concern and hence represent a risk
Authentication Requirements	An identifier enables organisations to collate data about an individual. There are increasingly onerous registration processes and document production requirements imposed to ensure the correct person can have, for example, the correct access to a system or have a smartcard. These are warning signs of potential privacy risks.
Retention Periods	Records are required to be kept for a certain period either because of statutory requirement or because they may be needed for administrative purposes during this time. If an organisation decides that it needs to keep records longer than the recommended minimum period, it can vary the period accordingly and record the decision and the reasons behind. The retention period should be calculated from the beginning of the year after the last date on the record. Any decision to keep records longer than 30 years must obtain approval from The National Archives.

Records Management: NHS Code of Practice	Is a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice. The code of practice contains an annex with a health records retention schedule and a Business and Corporate (non-health) records retention schedule.
General Data Protection Regulation	The Regulation define the ways in which information about living people may be legally used and handled. The main intent is to protect individuals against misuse or abuse of information about them. The principles of the Regulation are: <u>Article 5</u> – <u>Principles relating to processing of personal data</u> <u>Article 6</u> – <u>Lawfulness of processing</u> <u>Article 7</u> – <u>Conditions for consent</u>

	<p><u>Article 8</u> – <u>Conditions applicable to child's consent in relation to information society services</u></p> <p><u>Article 9</u> – <u>Processing of special categories of personal data</u></p> <p><u>Article 10</u> – <u>Processing of personal data relating to criminal convictions and offences</u></p> <p><u>Article 11</u> – <u>Processing which does not require identification</u></p>
<p>Data Protection Act</p>	<p>This Act defines the ways in which information about living people may be legally used and handled. The main intent is to protect individuals against misuse or abuse of information about them. The 8 principles of the Act state the fundamental principles of DPA specify that personal data must:</p> <ul style="list-style-type: none"> <input type="checkbox"/> be processed fairly and lawfully. <input type="checkbox"/> be obtained only for lawful purposes and not processed in any manner incompatible with those purposes. <input type="checkbox"/> be adequate, relevant and not excessive. <input type="checkbox"/> be accurate and current. <ul style="list-style-type: none"> <input type="checkbox"/> not be retained for longer than necessary. <input type="checkbox"/> be processed in accordance with the rights and freedoms of data subjects. <input type="checkbox"/> be protected against unauthorized or unlawful processing and against accidental loss, destruction or damage. <ul style="list-style-type: none"> <input type="checkbox"/> not be transferred to a country or territory outside the European Economic Area unless that country or territory the rights and freedoms protects of the data subjects.
<p>Privacy and Electronic Communications Regulation 2003</p>	<p>These Regulation apply to sending unsolicited marketing messages electronically such as telephone, fax, email and text. Unsolicited marketing material should only be sent if the requester has opted in to receive this information.</p>