

Agreement for the provision of the Enhanced Information Governance, Data Protection Officer Support Service

Between: Digital Health and Care Wales (DHCW)
Tŷ Glan-y-Afon, 21 Cowbridge Road East, Cardiff CF11 9AD

And: [Insert name and address of General Medical Practice]

Signed by: (Formal agreement should be signed by the Lead GP)

Name and
Position: _____

Tel No: _____

E-Mail: _____

Date: _____

Name and
position of
Nominated
Contact: _____

Tel No: _____

E-Mail: _____

(The above information will be used as a default contact point for the practice and to distribute any materials, communications (which may sometimes be confidential in nature) and alerts that may be required as part of the service provision)

By signing this agreement, we authorise Digital Health and Care Wales (DHCW) to provide the Information Governance (IG), Data Protection Officer (DPO) Support Service to the General Medical Practice (GMP) named above. This service provision, as detailed within in the IG, DPO Support Service Schedule, will commence on receipt of this signed agreement if later.

Please return this completed form to DHCWGMPDPO@wales.nhs.uk or post to the IG, DPO Support Service, 6th Floor, Tŷ Glan-y-Afon, 21 Cowbridge Road East, Cardiff CF11 9AD