



Altamash Institute of Dental Medicine

Department of Medical Education

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Table of Contents

1. Purpose:	1
2. Scope:	1
3. Policy Statement:	2
4. Standard Operating Procedure (SOPs).	3
5. Procedures:	3-4
6. Linked/Referenced Documents:	5
7. Revision Modification History & frequency:	5

1. Purpose:

A Student Confidentially is primarily intended to give students a safe way to report any safety concerns, cases of bullying, harassment, discrimination, violence, or other problems that might have an impact on their wellbeing. They can express their worries without worrying about payback or intimidation by using confidential reporting. Students are encouraged to share information that could otherwise go unnoticed because of this.

Our students may recognize and handle potential difficulties early, preventing them from growing into bigger problems, by giving them the ability to express concerns in a confidential manner.

By addressing issues that can negatively affect the student, this method helps to maintain a positive and inclusive learning environment. Students may also utilize this reporting mechanism to indicate mental health concerns, which enables the institution to provide the necessary support and resources.

2. Scope:

The scope of a Student Confidentially Report includes a range of concerns and incidents that students may want to report while maintaining their privacy. This can include

2.1. Bullying and Harassment: Reports of bullying, cyber bullying, verbal or physical harassment, and any form of intimidation.

2.2. Discrimination: Reports of discrimination based on race, gender, sexual orientation, religion, disability, or other factors.

2.3. Safety Concerns: Reports of threats, violence, or unsafe conditions on campus.

2.4. Mental Health Issues: Students might report their own struggles with mental health, or concerns about their peers.

2.5. Academic Misconduct: Reports of cheating, plagiarism, or other forms of academic dishonesty.

2.6. Substance Abuse: Concerns related to substance abuse or addiction.

2.7. Sexual Misconduct: Reports of sexual harassment, assault, or other forms of misconduct.

2.8. Conflicts: Reports of conflicts or disputes that may impact the overall school environment.

2.9. Any Other Concerns: The scope can extend to any issue that a student feels is affecting their well-being or the well-being of others.

3. Policy Statement:

AMC student section office offers students free and confidential guidance, information, advice and support services.

We believe all students have the right to confidentiality to protect their interests and ensure a relationship of trust between students and staff. Any information that a student discloses to a member of one of the staff member of student section like:

3.1. Personal Information: Student personal information like their name address CNIC contact number email addresses etc. collect by the college at the time of admission that seems to be sensitive should be securely stored and accessed only by authorized personnel for legitimate educational purposes.

3.2. Academic Record: The academic records of the students like transcripts grades, test scores, examination result or any information that considered being sensitive academic information will be remained confidential to the student section office. Degree/ mark sheets/any document of student will be handed over to the students with a copy signed by them for record.

3.3. Sensitive Issues: Wellbeing including Counselling, Mental Health Advice, biological history, disability information or any family situation should be handled with utmost care and disclosed only on a need-to-know basis

3.4. Communication: While communicating with parents or any legal guardians or any relevant parties Academic Registry and Student Finance, Student Accommodation Services, Examination results, transcripts, grades, biographical history, disability information, case notes and correspondence will be remained confidential to the student section office. If Parents / Relatives / Friends. Asking for academic and medical record their email / CNIC / Mark Sheets / Degree etc. are handed over after due scrutiny.

3.5. Consent: However, there may be certain circumstances where we will need to disclose information that you have shared with us. In these circumstances we would look to obtain student consent first where possible and it will be explained to student in full why we believe there is a need to disclose information, and who will have access to this information. If student do not provide us with consent to share the information or it is not practicable for the office staff to try and obtain it, in certain circumstances we reserve the right to break confidentiality.

3.6. Data Security: We implement appropriate measures to safeguard student information from unauthorized access, data breaches, and cyber threats. If any student failed to receive his/ her documents have to send parent/guardian with college ID card. This would only happen in certain circumstances, for example:

3.6.1. If a student is considered to pose a risk of physical harm to themselves or others.

3.6.2. If a student imparts information relating to criminal activity or planned criminal activity.

3.6.3. Where a disclosure is required or allowed by law

3.6.4 If the student poses a risk to the University or institute.

3.6.5 If the student requests that information is passed on

3.6.6 Where we are required to share information with Visas concerns & Immigration in accordance with our duties as a licensed immigration sponsor

3.7 Exceptions: The Counseling team of AIDM may keep records separately. It operates its own confidentiality policy in line with PMDC guidelines. Files kept by the Counseling Service are not accessible to other members of Student section office, or any other department or individual, and information will not be shared, except in exceptional circumstances as described above.

4. Standard Operating Procedure (SOPs).

For the purpose of protecting the privacy and security of sensitive information while resolving issues successfully, Standard Operating Procedures (SOPs) for managing student papers and presenting student information in a confidentiality report are essential. All staff members who gather, store, process, and disseminate student papers and information must adhere to this SOP.

4.1. Responsibilities:

4.1.1. **Designated Officer:** is accountable for monitoring this SOP's implementation and verifying compliance.

4.1.2. **Academic Advisors/Counselors:** is responsible for preserving and gaining access to student records in order to provide advice.

4.1.3. **Administrative Staff:** is in charge of gathering, keeping, and retrieving student records.

4.1.4. **Faculty Members:** is obligated to keep academic records and give feedback on students' performance.

5. Procedures:

5.1. Document Collection and Storage:

5.1.1. All student documents must be collected and stored in a secure and organized manner.

5.1.2. Physical papers should be kept in rooms or cabinets that are locked and only accessible by authorized staff.

5.1.3. Digital documents should be kept on secure servers with only authorized staff being able to access them.

5.1.4. Documents must to be arranged according to categories including financial records, personal information, and academic records.

5.2. Access and Retrieval:

5.2.1 Documents pertaining to students should only be accessible by those who have a legitimate need to know.

5.2.2. Personnel must verify the identity of the requester and the suitability of the request before granting access to student records.

5.3. Data Entry and Updates:

5.3.1. In the student information system (SIS), every data entry must be precise and immediately updated.

5.3.2. Before updating the data, changes to student information (such as address and contact information) should be confirmed.

5.3.3. Student records should only be able to be modified by authorized individuals.

5.4. Student Confidentiality:

5.4.1. Each staff member is required to sign a confidentiality agreement acknowledging their obligation to protect the privacy of student information.

5.4.2. Without the student's direct permission or unless required by law, no third parties should have access to student information.

5.4.3. Staff members should speak privately about student information to avoid unintentional disclosure.

5.5. Communication with Students:

5.5.1. Secure channels (encrypted emails, secure portals) should be used for communications that involve sensitive student information.

5.5.2. Before disclosing any details when discussing student information on the phone, staff members should confirm the caller's identification.

5.6. Disposal of Documents:

5.6.1. Physical records that are no longer required should be properly destroyed or shredded.

5.6.2. Digital files should be permanently removed from servers and storage media.

5.6.3. Observe disciplinary and legal requirements for the storage and destruction of documents.

5.7. Training and Awareness:

5.7.1. Training on institutional rules, data protection regulations, and student confidentiality should be provided to all staff members.

5.7.2. To guarantee continued awareness of confidentiality practices, frequent updates and reminders should be given.

5.8. Compliance:

5.8.1 Non-compliance with this SOP may result in disciplinary actions and legal consequences, as applicable.

5.9. Review and Revision:

5.9.1. This SOP has to be updated to take into account new laws or changes to institutional rules and should be evaluated periodically to guarantee its effectiveness.

6. Linked/Referenced Documents:

6.1. Family Educational Rights and Privacy Act (FERPA)

6.2. General Data Protection Regulation (GDPR)

7. Revision Modification History & frequency

This policy has to be updated to take into account new laws or changes to institutional rules and should be evaluated periodically to guarantee its effectiveness.

7.1. Review Policy


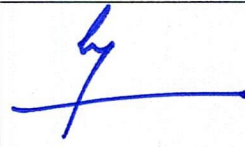
The policy will be reviewed if new guidelines are issued by the regulating and controlling authorities. However, the owner/custodian of the policy may request for a revision based on emerging needs and with the approval from competent authority.

7.2. Custodian of the policy

A formal approval will be required if a policy is revised more than 25%. Student Section and DME would determine the percentage of revision in consultation with the custodian of policy.

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