

TRAINING CERTIFICATE

IT security and data protection (FADP)

Training details

Name of the practice: _____

Date of the training: _____

Duration of the training: _____

Trainer / speaker: _____

Topics covered

Tick the topics actually covered during this session:

- ☐ FADP legal framework: the practice's obligations, penalties, personal liability
- ☐ Recognising phishing e-mails and fraud attempts (e-mail, phone, text message)
- ☐ Password policy and use of the password manager
- ☐ Two-factor authentication (2FA): enabling and using it
- ☐ Using secure e-mail: rules for sending patient data
- ☐ Locking workstations and physical security
- ☐ Clean desk policy: handling paper documents and screens
- ☐ Prohibitions: WhatsApp, personal USB sticks, personal cloud, unauthorised devices
- ☐ Incident procedure: the 6 steps, emergency contacts
- ☐ Professional secrecy (Art. 321 SCC): reminder of the obligations
- ☐ Access management: named accounts, principle of least privilege
- ☐ Backups: principles and the role of each member of staff

Other topics covered: _____

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Participant's declaration

I, the undersigned, confirm that I attended the training session mentioned above. I confirm that I have understood the topics covered and undertake to apply the rules and procedures presented in the course of my duties within the practice.

Participant's surname and first name: _____

Role: _____

Date: _____

Participant's signature: _____

Signature of the trainer / person in charge: _____

This document must be kept in the staff file. It is proof that the training was given and that the member of staff took note of it, in accordance with the organisational obligations of Art. 8 FADP.

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For any legal question relating to the FADP, the GDPR or data protection in the medical context, consult a lawyer specialising in the field.

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