

CSU Name : _____ Number of CCGs your CEfF will support: _____

CAG 7-07(a) (b) (c)/2013 compliance for CSUs

Commissioning Support Units (CSUs) have received approval under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002¹ to process patient identifiable information without consent for the purposes of invoice validation. This approval provides the legal basis for Health Service Providers to disclose patient confidential information to named organisations for the purposes of invoice validation.

For CSUs acting on behalf of CCGs

- (a) Where the CSU has already submitted its completed Assurance Statement, use this additional form to list the relevant CCGs (Listed in Annex 1 of the Invoice Validation assurance statement) that your Controlled Environment for Finance (CEfF) is acting on behalf of and complete the necessary signatures, or
- (b) Where the CSU is now submitting its completed Assurance Statement, use this form to list the relevant CCGs (Listed in Annex 1 of the Invoice Validation assurance statement) that your Controlled Environment for Finance (CEfF) will act on behalf of and complete the necessary signatures,

Please ensure the form on page 4 is provided for each CCG you support. Where you support several CCGs you can complete additional copies of this form. Use the Page numbers at the bottom of the page to tell us how many forms you are submitting. Submission details are at the bottom of page 4.

CCG Name : _____

<p>CCG Accountable Officer Name: _____</p> <p>Signature: _____ Date _____</p>
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<p>CCG Caldicott Guardian Name _____</p> <p>Signature: _____ Date _____</p>
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¹ <http://www.hra.nhs.uk/about-the-hra/our-committees/section-251/what-is-section-251/>

Controlled Environment for Finance (CEfF) Assurance Statement – CAG
7-07(a) (b) (c)/2013 compliance for CSUs – Annex 3 - Additional Form
listing relevant CCGs and signatures

CSU Name : _____ Number of CCGs your CEfF will support: _____

<p>CCG Senior Information Risk Owner (SIRO) Name _____</p> <p>Signature: _____ Date _____</p>

Completion Note:

On completion please send signed and completed pages to:

Corporate IG

NHS England

Email: england.invoicevalidation@nhs.net