

WATERHOUSES MEDICAL PRACTICE PATIENT PARTICIPATION GROUP

Confidentiality Agreement Form

Form for all non- contract employees such as: bank, agency, volunteers, locums, student placements, suppliers (including window cleaners, maintenance engineers) and Visitors to the Practice (PPG Members)

Your personal responsibility concerning security and confidentiality of information (relating to patients, staff and the organisation)

During the course of your time within the Practice buildings on PPG matters, you may acquire confidential information (e.g. accidentally overheard) which must not be disclosed to any other person. This condition applies during your relationship with the Practice and after the relationship ceases.

Confidential information includes all information relating to the Practice and its' patients and employees. In the capacity as PPG members, this would be limited but would include any conversation which may be accidentally overhead behind Reception or in Dispensary. If you are in doubt as to what information may be disclosed, you should check with the Practice Manager.

The Data Protection Act 1998 regulates the use of computerised information and paper records of identifiable individuals (patients and staff). The Practice is registered in accordance with this legislation. If you are found to have made an unauthorised disclosure you may face legal action.

Agreement

I understand that I am bound by a duty of confidentiality and agree to adhere to this Code of Conduct and the requirements of the Data Protection Act 1998.

PRINT NAME:	
SIGNATURE:	
DATE:	
ON BEHALF OF THE PRACTICE	
WITNESS/MANAGERS NAME:	
SIGNATURE	
DATE	