

Confidentiality Agreement between practices and clinical assessors

To maintain the confidentiality and privacy of the information that this practice retains and to ensure compliance with legal obligations,

Practice name

requires all assessors who have access to information that discloses patient health and the practices' business, to sign this Confidentiality Agreement.

This Confidentiality Agreement is between:

Assessor's name

and

Name of practice

I understand that in performing the responsibilities of my role I will have access to confidential information relating to patient health and the practice's business.

I agree that I will not disclose any confidential information to any person not authorised to receive such confidential information.

I undertake not to access, use, disclose, copy, reproduce or retain confidential information for any purposes other than patient care.

I have read and understood the practice's privacy policy and agree to abide by the procedures used by this practice in ensuring there are no breaches of privacy.

Assessor's name

Assessor's signature

Date

Practice representative name

Practice
representative
signature

Date