



Sparkle Therapy Centre

Unit 11, First Floor, Block A, Mim-Nun Jaya Complex, Jalan Bebatik Kilanas
Tel: +673-8391407 IG: Sparkle Therapy Centre

Patient Information Confidentiality Agreement

Name:		Position:	
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Confidentiality Agreement:

I recognize that, in the course of my student attachment at Sparkle Therapy Centre, I may gain access to Sparkle's patient information and will keep information confidential under the following conditions:

- ☐ I will keep confidential all patient information to which I gained access whether in the direct provision of care or otherwise.
- ☐ I will access and use patient information only on a "need to know" basis as necessary for the provision of patient services.
- ☐ I will disclose patient information only to the extent authorized and necessary to provide patient care.
- ☐ I will not discuss patient information in public places or outside of work.
- ☐ I will not share, distribute or publish any pictures or videos of the patient without expressed permission from the patient or their parents / carer.

I understand that it is my obligation and responsibility to ensure the confidentiality of all patient information. Improper disclosure or misuse of patient information, whether intentional or due to neglect on my part, is a breach of Sparkle Therapy Centre's policy, which will result in disciplinary action and could result in dismissal / disciplinary actions.

Signature: _____ Date: _____

Name: _____