

Module 10

Confidentiality Agreement

Confidentiality agreement

The Health care organizations must have a legal and ethical responsibility to safeguard the privacy of all members and Providers, and to protect the confidentiality of their health and other information

Confidentiality agreement

Physicians and Health care providers, must fill and signee a confidentiality agreement, and need to be filled as following: (I agree that)

- I will not intentionally or unintentionally disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. Should I have any doubts as to whether information is Confidential Information or not, I seek clarification from the Chair of (Health Organization Name), or the Chief Executive Officer.

- I will not access or view any Confidential Information other than that required for my duties on (Health Organization Name).

Confidentiality agreement

- I agree to abide by all laws, rules and regulations protecting the confidentiality of the Confidential Information.
- Upon termination of my participation on (Health Organization Name), I will immediately destroy or return any documents or other media containing Confidential Information to (Health Organization Name).

I understand that violation of this Agreement may result in termination of my participation on (Health Organization Name), as well as potential legal liability.