**Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Care Record Folder CONFIDENTIALITY AGREEMENT**

I, the undersigned, declare that I have access to the National Ambulance Patient Care Record Folder located in the N-Drive under the Clinical Services folder.

I fully affirm that:

* I understand that patient details are considered confidential information.
* My access is only limited to my need for the information in the performance of my job description duties.
* I will not disclose any patient’s information to unauthorized persons without the appropriate approval and I will diligently endeavor to protect the PCR records against accidental or unauthorized access, modifications, disclosures or destruction.
* I understand that any violation of this agreement or with the National Ambulance Policy COP 202 – Code of Conduct and relevant legislation such as Department of Health Policy number “Policy/HIE/V0.9 - Policy on the Abu Dhabi Health Information Exchange (HIE)”, may result in one or more sanctions that may include disciplinary action, termination, criminal penalty or civil liability.

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Name & Signature Date