

SOUTHERN PHILIPPINES MEDICAL CENTER  
J.P. Laurel Ave., Bajada, Davao City

USER’S ACCOUNT REGISTRATION FORM

Date : \_\_\_\_\_

Name of Employee : \_\_\_\_\_

Job Function : \_\_\_\_\_ License No. : \_\_\_\_\_

Department /Ward: \_\_\_\_\_

Employee’s Signature : \_\_\_\_\_

Summary of Request (type of system / access permission) \_\_\_\_\_

Approved by : \_\_\_\_\_  
(Section Head/Head Nurse/Chief Resident)

Registered by : \_\_\_\_\_ Remarks : \_\_\_\_\_  
(Print Name / Signature / Date)

( **Note:** Your signature as indicated, signifies that you have fully read and understood the Confidentiality Clause provided at the back of this form)

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**Confidentiality Clause :**

HIS confidentiality is a fundamental concern of the SPMC. In such case, all kinds of hospital information / data must at all times be protected, as I declare :

- That I am bound by the common duty law of confidence ;
- That it is my duty to protect the HIS confidentiality as imposed by the SPMC ;
- That I must hold in strict confidentiality all the information relating to SPMC including its patients and its employees ;
- In the event of any violation of the provision of this Confidentiality Clause, I shall be subjected to Administrative proceedings or Criminal Charges, whichever may be applicable;
- That in case of retirement, resignation or any form of separation from SPMC, I will be required to have a clearance with the IHOMP.

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