



EMHS Student Confidentiality Agreement

Please indicate the health site at which you are undertaking your placement:

- Armadale Health Service (AHS)
- Bentley Health Service (BHS)
- Royal Perth Hospital (RPH)
- Kalamunda Hospital (KH)

The month in which you started your practical placement: _____

I, _____
(Participants Full Name)

Of _____ Postcode _____
(Participants Address)

Agree that I will not divulge or use (directly or indirectly) any confidential information relating to the affairs of East Metropolitan Health Service either during the period of placement or after placement ceases.

Confidential information refers to any information (verbal, written, or electronic) or of a commercial, technical or financial nature, which is not publicly available. This may include discussion of records/ information regarding patients/ clients, employees, correspondence, manuals, computer printouts, floppy disks/ CD/ DVD/ flash drives or other electronic means, client lists, rates schedules, diaries, file notes or any material compiled by or developed by the employee, or which you have access to during the course of your placement. On no occasion will I provide any information to the media or police except through the Health Site's delegated officer.

I also understand that any unauthorised disclosure or misuse of this information is considered an act of misconduct and will result in immediate termination of the clinical placement arrangement.

I am also aware that, under the provisions of the criminal code, legal action may be taken against me for any unauthorised disclosure of confidential information.

I further undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information, which I access in the course of my duties.

I have read and agree to the terms outlined in the EMHS Centre for Wellbeing and Sustainable Practice Placement Manual.

Name: _____ Witness/ Guardian*# Name: _____

Signature: _____ Title: _____

Date: _____ Signature: _____

Date: _____

*Please note, work experience students under 18 years of age must also have this form signed by their Parent/Guardian. In this instance, a witness signature is not required. Parent/Guardian to complete the Witness section of this form, and under Title, please enter 'Parent/Guardian'.

#Students requiring Guardian signature must bring this signed form on their first day of their clinical placement.

