**ROYAL PERTH GROUP**

**STUDENT PLACEMENT**

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Participant’s 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 the Royal Perth Hospital (RPH) and East Metropolitan Health Service (EMHS) 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 print-outs, CD/ DVD/ flash drives or other electronic means, client lists, rates schedules, diaries, file notes or any patient-related material compiled by or developed by the student, or which you have access to during the course of your education experience. On no occasion will I provide any information to the media or police except through the RPH or EMHS delegated officer.

I also understand that any unauthorised disclosure or misuse of this information is considered an act of misconduct and may result in immediate dismissal from the education program.

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 the CPE Centre Director 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.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_