

Staff Confidentiality Agreement

Surgeon Name	
Practice Address	
Date	

Name of Staff Member	
Role	

I understand and accept that I have a duty of privacy and confidentiality to the practice and the patients both during and after my period of employment. I undertake:

- To treat all patient information, accessed as part of my role in the practice, as private and confidential.
- To only use my own username and password when accessing or editing patient records.
- Only to access medical records where I have a duty of care to the patient.
- Not to remove documents or digital records from the practice without the consent of the surgeon or data controller.
- Not to access records belonging to me, members of my family or those known to me without advance authorisation from the data controller.
- Not to discuss confidential patient information with my family or in public.
- To maintain the privacy of patient records by ensuring that records are stored securely, and that documents, results and computer screens are not open to public view.

I understand that a breach of patient confidentiality is grounds for censure or dismissal.

Name of Staff Member	
Signature	
Date	