

CONFIDENTIALITY AGREEMENT

KILLENAULE SURGERY, KILLENAULE, THURLES, CO TIPPERARY

TEL: 052 9156134 FAX: 052 9156915

Name: _____

Position: _____

Period of Employment / Attachment From: _____ **To:** _____

- I confirm that while employed in, or attached to, Killenaule Surgery, I agree to the following principles of confidentiality:
- Any personal data concerning patients which I have learned by virtue of my position in this practice will be kept confidential both during and after my employment / attachment.
- I will not remove any documents or property from the practice without any advanced authorisation from the responsible GP.
- I will not access medical records belonging to members of my family or those known to me without advanced authorisation from the responsible GP.
- I will treat as strictly private and confidential, at all times, all the affairs, information, files, correspondence, accounts and papers of Killenaule Surgery of its patients and of its other employees.
- I will not disclose to any person at any time, in any way, whether verbally or in writing, any of the affairs, information, files correspondence, accounts or papers concerning the practice. Neither will I photocopy any documents without the permission of the responsible GP.
- I will continue to observe the terms of this undertaking at all times in the future even after I have left the employment of Dr Liam Meagher and Dr Lucia Gannon.
- I fully understand that any material or significant breach of will warrant the immediate termination of my Employment/Attachment with the Practice and Court proceedings in certain circumstances.

Signature:

Responsible GP:

Name: _____

Signature: _____

Date: _____