

## CONFIDENTIALITY AND SECURITY AGREEMENT FORM

Name of clinical student:

Address:

Telephone Contact No:

University/TAFE/School:

Clinical Placement Days - From:

To:

Total Placement Days:

Total Placement Hours:

Next of Kin - Name:

Relationship:

Phone Contact No:

As a student on placement at UnitingCare Health (UCH) I will act to ensure confidentiality of information, security of property, and maintain efficient and proper use of resources, whether they belong to UCH/the hospital or other people or agencies, including patients that are under the care of UCH. I shall ensure this by:

- 1 Maintaining complete confidentiality of any information relating to (directly or indirectly) the business and affairs of the Hospital, its patients, its employees, or other people or organisations associated with UCH/hospital activities in accordance to UCH/hospital policy and legislation, including the Privacy Act 1988 and the Privacy Amendment (private sector) Act 2000. This information refers to all information whether written, electronic or verbal that has been transmitted implicitly or explicitly.
- 2 Using confidential information solely for the purpose of performing my duties within the hospital/UCH.
- 3 Ensuring that any UCH/hospital property and other property under UCH care (including fixtures, fittings, stationery, equipment, and supplies) shall not be removed from the premises without proper authorisation.
- 4 Consenting to random inspection of baggage and other containers by staff authorised by UCH/the hospital without prior notice, upon entering or leaving the respective UCH/hospital premises.

I understand that the above list is not exhaustive and I will use diligence to maintain confidentiality and security wherever reasonably practicable. I also understand that my obligation of confidentiality does not extend to information that is required by law to be disclosed. As a student on placement at UCH, I agree to abide by these principles, legislation, policies and procedures as amended from time to time.

I understand that in the event of an accident, injury, or event involvement me, my learning institution will be notified, as well as next-of-kin, if necessary.

Clinical Student Signature:

Date:

Witness Signature:

Date: