



**DECLARATION OF CONFIDENTIALITY
TO BE MADE BY PERSONS EMPLOYED BY
MIDCENTRAL DISTRICT HEALTH BOARD
(in either a paid or honorary capacity)**

I, _____ hereby declare that -
(please print full name)

a)	In accordance with Section 22c of the Health Amendment (No 2) Act 1994, I will not, either during my employment with MidCentral DHB or at any time thereafter, divulge or communicate any information concerning the condition or treatment of any patient, ex-patient or deceased patient, other than in the discharge of my official duties; and
b)	I will not divulge any confidential information whatsoever which may come to my knowledge with respect to the business of MidCentral DHB, other than in the discharge of my official duties; and
c)	If I am in a position to access information about patients, ex-patients, deceased patients, employees or the business of MidCentral DHB, either through the computer system, or by way of printed records, I will not access such information if I am not authorised to do so.
d)	I am aware that the computer systems and associated network is owned and operated by MidCentral DHB. My use of these facilities must be authorised by MidCentral DHB management.
e)	When I am allocated passwords to these computer systems, I understand that these passwords are for my personal use only; that I must not use another person's password; and that I must not divulge these passwords to other persons.
f)	When I have logged into the computer system under my password, I will not allow access by any other person to the system.
g)	I will not leave health, personal or commercially sensitive information visible on an unattended computer screen, or in an unattended area which may allow access to the information by unauthorised persons; and I will ensure that when working with such information or records, the positioning of the computer screen or records will be such that the information cannot be readily read by unauthorised persons.
h)	When I remove health, personal or commercially sensitive information from MidCentral DHB premises, I must have permission to do so, and it will be kept secure and confidential at all times.
i)	I have read, understood and received a copy of this declaration and the Information Systems Security and Access to Computer-based Information Policy and I have been advised of the related Board policies.
Signature of declarant:
Declared at:
This	day of 20__
Before me (signature of witness):
Department / Service / Location: