

Annex 7.3. Sample Employee Confidentiality Agreement/Oath

<Insert Name of Agency Here>

Confidentiality Agreement

As an HIV/AIDS Programme employee, subcontracted employee, student, or visiting professional, I understand that I will be exposed to some very privileged patient information. Examples of such information are medical conditions, medical treatments, finances, living arrangements, and sexual orientation. The patient's right to privacy is not only a policy of the HIV/AIDS Programme, but is specifically guaranteed by statute and by various governmental regulations.

I understand that intentional or involuntary violation of the confidentiality policies is subject to appropriate disciplinary action(s), which could include being discharged from my position and/or being subject to other penalties. By initialling the following statements I further agree that:

Initial below

_____ I will never discuss patient information with any person outside of the programme who is not directly affiliated with the patient's care.

_____ If in the course of my work I encounter facilities or programmes without strict confidentiality protocols, I will encourage the development of appropriate confidentiality policies and procedures.

_____ I will handle confidential data as discretely as possible and I will never leave confidential information in view of others unrelated to the specific activity. I will keep all confidential information in a locked cabinet when not in use. I will encrypt all computer files with personal identifiers when not in use.

_____ I will shred any document to be disposed of that contains personal identifiers. Electronic files will be permanently deleted, in accordance with current HAP required procedures, when no longer needed.

_____ I will maintain my computer protected by power on and screen saver passwords. I will not disclose my computer passwords to unauthorised persons.

_____ I understand that I am responsible for preventing unauthorised access to or use of my keys, passwords, and alarm codes.

_____ I understand that I am bound by these policies, even upon resignation, termination, or completion of my activities.

I agree to abide by the HIV/AIDS Programme Confidentiality Policy. I have received, read, understand, and agree to comply with these guidelines.

Warning: Persons who reveal confidential information may be subject to legal action by the person about whom such information pertains.

Signature Date

Printed Name

Supervisor's Signature Date