# T4.5.b Student confidentiality agreement

As a health professional student undertaking a clinical placement at [Health Service name], I agree that I will abide by the applicable privacy policy, privacy legislation and privacy procedures.

In particular, I agree that any breach of [health service name’s] privacy policy or privacy legislation caused by me – whether intentional or not – may result in disciplinary action including immediate termination of my clinical placement. This obligation will continue even after the completion of my clinical placement.

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| **Student name** |  | **Course** |  |
| **Student signature** |  | **Date** |  |