

Medical Confidentiality Declaration Form

The **Medical confidentiality declaration form sample** ensures that sensitive patient information is protected according to legal and ethical standards. It outlines the responsibilities of healthcare providers to maintain privacy and confidentiality. Using this form helps establish trust and compliance within medical practices.

Personal Information

Full Name:

Position/Title:

Department/Unit:

Declaration

I, the undersigned, acknowledge that during the course of my duties, I may have access to personal and confidential information about patients and staff. I understand that all such information must be handled in strict confidence in accordance with applicable laws and the policies of this institution. I agree not to disclose, discuss, or distribute any confidential information except as authorized or required to fulfill my professional responsibilities.

Signature:

Type your full name as signature

Date:

Submit Declaration