

Staff Confidentiality Declaration Form

This **staff confidentiality declaration form** sample is designed for healthcare workers to ensure the protection of sensitive patient information. It outlines the legal and ethical responsibilities employees must adhere to regarding privacy and data security. Utilizing this form helps maintain trust and compliance within healthcare organizations.

Employee Information

Full Name:

Job Title/Position:

Department:

Declaration

I acknowledge that, during my employment/association with this healthcare organization, I may have access to confidential information relating to patients, staff, and the organization. I understand and agree that:

- I will respect and maintain the confidentiality of all information acquired in my role.
- I will only access, use or disclose information as necessary to perform my duties or when required by law.
- I will not share confidential information with unauthorized individuals inside or outside the organization.
- I will comply with legal, ethical, and organizational rules on privacy and data protection.
- I understand that unauthorized disclosure or misuse of confidential information may result in disciplinary action, including termination, legal liability, and/or criminal prosecution.
- I agree to continue upholding these confidentiality obligations after my employment/association ends.

By signing below, I acknowledge that I have read, understood, and agree to adhere to the confidentiality expectations outlined above.

Signature:

Date:

Submit