

# Schedule 2 – Patient confidentiality

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In consideration of the Provider agreeing to allow me to undertake a Clinical Placement, I:

- (a) acknowledge that I am not permitted to give to any person, other than those with a genuine need to know, any Personal Information about any patient/client of the Provider arising from my participation or in connection with my Clinical Placement with the Provider unless:
  - (i) I am authorised or required to by law; or
  - (ii) the patient/client consents to the use and/or disclosure, and then only subject to the express terms of that consent; and
- (b) agree that I am subject to the by-laws, rules, regulations and policies of the Provider while I am engaged in a Clinical Placement and must comply with all reasonable and lawful directions of the Provider's Personnel.

I understand that I may use information gathered during my Clinical Placement for the purposes of case studies to be presented to my Commonwealth peers and staff and also for the purpose of assessment tasks (if any).

Name of ADFHP

Name of OC/OIC/CO

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Signature

Signature of OC/OIC/CO

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Date

Date