

CONFIDENTIALITY STATEMENT For Patient Group Members

During the course of your participation in Patient Groups activities within the Practice, you may hear or see information about staffs, patients or other matters. The disclosure of this information to anyone is considered to be serious misconduct and could contravene the Data Protection Act.

Unauthorised disclosure of confidential information is a serious matter for you, the patient and the Practice and could lead to legal actions to all parties involved.

Signed:

Dated:

Print Name:

For and On behalf of The London Fields Medical Centre

I acknowledge receipt of this statement, have read, understood and agree to be bound by its contents.

I have also signed a copy to be retained by the Practice.

Signed:

Dated:

Print Name:

(Please indicate below your requirements by crossing either yes or no)

I required a scanned copy of the completed confidentiality document to be returned to me for my own records. YES/ NO