## Confidentiality Agreement For Volunteers

## By (voluntarily) working in a GP practice, you will have access to sensitive and confidential information about patients as well as confidential information about the Practice. As you are aware we have a professional and overriding obligation of confidentiality towards our patients. In the circumstances, any breaches of confidentiality whether in respect of patient or Practice information will be dealt with under the disciplinary procedure and treated as potential gross misconduct.

## You shall not use or disclose to any person either during or at any time after your employment with the Practice (Thorndike Medical Centre) and Employer (Thorndike Partnership) any confidential information about the business or affairs of the Practice and or Employer or any of its patients, staff or partners, or about any other matters which may come to your knowledge in the course of your employment. For the purposes of this clause, confidential information means any information or matter which is not in the public domain (except as a result of your breach of this agreement) and which relates to the affairs of the Practice and or Employer or any of its patients, staff or partners.

## The restriction in the Confidential Information clause does not apply to:

### Prevent you from making a protected disclosure within the meaning of section 43A of the Employment Rights Act 1996; or

### Use or disclosure that has been authorised by the Practice and or Employer, is required by law or by your employment.

Any Practice and or Employer property in your possession and any original or copy documents, data or manuals, obtained by you in the course of your employment, or produced, maintained or stored on the Practice’s and or Employer’s computer systems or other electronic equipment remain the property of the Practice and or Employer and shall be returned to the Practice and or employer at any time on request and in any event prior to the termination of your employment with the Practice and or Employer.

Signed: ………………………………………… Dated……………...…………………………………….

Name …………………………………………………… Position:………………...……………………………...

Address: ………………………………………………..…………………………………………………………….