**Northern Adelaide Local Health Network (NALHN)**

**Confidentiality deed for students and non-NALHN staff.**

In undertaking research or an audit at NALHN, I understand that I may come into contact with information that must be kept confidential.

Any person (including, but not limited to, volunteers and researchers engaged by external agencies) engaged in activities on NALHN sites should be aware of the fact that a breach of confidentiality is an offence under Section 93 of the *Health Care Act 2008* (SA) ('the Act'). Any such offence can result in the termination of the access, action for damages and/or prosecution.

A breach of confidentiality can occur as the result of inappropriate discussion, access to, or disclosure of any confidential information.

By signing below, I acknowledge that I have read this agreement, *Section 93 of the Healthcare Act (2008), the Code of Ethics for the South Australian Public Sector (2009), the SA Health Research Governance Policy Directive (2017) and The National Statement on Ethical Conduct in Human Research (2007) – updated 2018*, and agree to be bound by their conditions to the same extent as a NALHN employee.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(print given names & surname)*, have read the above information and acknowledge the consequences that may result if I release confidential information, and that in return for my authorisation to undertake research at NALHN I agree to maintain confidentiality:

|  |  |  |  |
| --- | --- | --- | --- |
| **Study Title:** |  | | |
| **HREC Reference:** |  | | |
|  |  | | |
| **Name:** |  | | |
| **Position Held (e.g. Medical Officer, RN, Student):** |  | | |
| **Signature:** |  | **Date:** |  |
|  |  | | |
| **Name of Witness:** |  | | |
| **Position Held & Name of Institution** |  | | |
| **Signature of Witness:** |  | **Date:** |  |

This agreement should be signed as acceptance of the conditions outlined above and returned to:

Research Governance Officer (NALHN)

Clinical Trials Unit, Level 2

Lyell McEwin Hospital

Haydown Road

Elizabeth Vale, SA 5112

E: [healthnalhnrgo@sa.gov.au](mailto:healthnalhnrgo@sa.gov.au)

A copy of this agreement and the abovementioned acts/directives should be retained by the researcher.