

STUDENT CONFIDENTIALITY DEED

Level 1, Clinical Practice Building
1 James Cook Drive
James Cook University QLD 4811

PO Box 217
James Cook University QLD 4811

Phone 07 4781 4495
Fax 07 4779 2739

ABN 15 099 496 232

This Student Confidentiality Deed must be signed prior to commencing placement at JCUHealth.

I, _____
(Full Name)

of _____
(Address)

enrolled in _____
(Program) (Year Level)

will not at any time disclose any Confidential Information or Personal Information relating to a client of JCU Health or the operation of JCU Health, ("Information") that I become aware of, without JCUHealth's written permission, unless the disclosure of the Information:-

- (a) is necessary to enable a health professional or I to perform health care duties pursuant to this Deed; or
- (b) is for the purpose of obtaining legal advice from a registered legal practitioner; or
- (c) is required pursuant to an order of a Court, Commission or Tribunal; or
- (d) is in accordance with the Privacy Act 1988 (Cth) or the Information Privacy Act 2009 (Qld).

If I am required to disclose Information in the circumstances specified above, I undertake to:

- immediately notify JCUHealth of the disclosure made (if pursuant to (b) (c) or (d) above); and
- advise the person/s to whom the Information is disclosed that the Information is of a confidential and/or personal nature and that it is not to be further disclosed.

'Confidential Information' includes, but is not limited to:

- (a) information which by its very nature might be reasonably understood to be confidential or to have been disclosed in confidence;
- (b) information which JCUHealth indicates is confidential;
- (c) information which relates to any arrangements or transactions between JCUHealth and its clients;
- (d) information which would be of a commercial value to a competitor of JCUHealth; or
- (e) all records based on or incorporating information referred to in clauses (a) to (d).

'Personal Information' is information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- (a) whether the information or opinion is true or not; and
- (b) whether the information or opinion is recorded in a material form or not.

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I undertake not to remove from JCUHealth's premises any written or hardcopy documents/files or any electronic files, which belong to JCUHealth, and which may contain Confidential Information or Personal Information relating to a client of JCUHealth or the operation of JCUHealth.

I undertake not to make any record(s), during or after completion of my placement with JCUHealth, which may identify any client(s) of JCUHealth. I further undertake not to remove from JCUHealth's premises any written or hardcopy documents/files or any electronic files, (including notes for case studies and client care plans) which I have prepared during my placement at JCUHealth and which may identify a client of JCUHealth. I acknowledge that in order to ensure a client is not identifiable; I must not record any of the following details:

- the name of the client;
- initials of the client's name;
- the client's date of birth;
- the client's date of admission or consultation at JCUHealth;
- any names of the client's relatives;
- JCUHealth's name or details; or
- JCUHealth's health professional or administrative staff's names or details.

I undertake not to publish on social media (including Facebook, Twitter, or any other social media website) any photographs, details or Information of any kind, which I have gained or observed during my placement at JCUHealth. I also undertake not to discuss any details or Information gained or observed during my placement at JCUHealth, which may identify a JCUHealth client, at any JCU lecture or tutorial, JCU event or whilst engaging in any educational activity at any place.

I acknowledge that failure to comply with this undertaking may result in disciplinary action being taken against me, which may also include termination of my clinical placement at JCUHealth and/or cancellation of my enrolment in a course at JCU.

Student health professional

Name:

Signature:

Date: