



SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

Community Representative Confidentiality Agreement

Iof
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understand that as a member of Committee/s with the South Western Sydney Area Health Service, I may be the recipient of material either in verbal or written form pertaining to the treatment of patients, the activities of staff or the operation of health services within South Western Sydney Area Health Service. In signing this agreement I agree to maintain the confidentiality of any material that may come into my possession and confine discussions of this material to meetings of the Committee, unless otherwise agreed by the Committee.

I recognise that my appointment to the Committee is to represent the community point of view, and in the event that further or broader consultation with community groups is considered appropriate by myself or any other member of the Committee, this proposal will be raised with the Committee for determination. If I am unsure about the confidential nature of any written or verbal information I will check this with the “Buddy” or Chairperson of the Committee before distribution. I will abide by any decision of the Committee concerning the level of appropriate consultation or discussion to occur outside Committee meetings.

Signed:

Date:

In the presence of:

Name:

Position: