

PERFORMANCE AND WELLNESS SECTION

CONFIDENTIALITY AGREEMENT

I, _____, understand that all the information discussed with staff of the OMSB Performance and Wellness Section will be managed in a completely confidential manner. This information will not be disclosed without my written consent.

I, _____, understand that there are circumstances where confidentiality may be breached and disclosed to another source.

Confidentiality may be breached if:-

1. There is a specific concern regarding my own safety.
2. There is a specific concern regarding the safety of others, including but not limited to patient safety.
3. When I have been formally referred to the performance and wellness section, a report will be provided to the referrer, though personal information will be kept to a minimum.

Signature

Name

Date

Witnessed by

Name

Date
