

**CONFIDENTIALITY DECLARATION  
TO BE MADE BY PERSONS EMPLOYED OR CONTRACTED BY  
WAIRARAPA DISTRICT HEALTH BOARD  
(in either a paid/honorary/voluntary/contract capacity)**

I, \_\_\_\_\_ hereby declare that:  
(please print full name)

- a) In accordance with Section 22c of the Health Amendment (No 2) Act 1994, I will not, either during my employment/contract with the Wairarapa District Health Board or at any time thereafter, divulge or communicate any information concerning the condition or treatment of any patient, ex-patient or deceased patient, other than in the discharge of my official duties; and
- b) I will not divulge any confidential information whatsoever which may come to my knowledge with respect to the business of Wairarapa DHB, other than in the discharge of my official duties; and
- c) If I am in a position to access information about patients, ex-patients, deceased patients, employees or the business of Wairarapa District Health Board, either through the computer system, or by way of printed records, I will not access such information if I am not authorised to do so.
- d) I am aware that the computer systems and associated network is owned and operated by Wairarapa District Health Board. My use of these facilities must be authorised by Wairarapa DHB management.
- e) When I am allocated passwords to these computer systems, I understand that these passwords are for my personal use only; that I must not use another person's password; and that I must not divulge these passwords to other persons.
- f) When I have logged into the computer system under my password, I will not allow access by any other person to the system.
- g) I will not leave health, personal or commercially sensitive information visible on an unattended computer screen, or in an unattended area which may allow access to the information by unauthorised persons; and I will ensure that when working with such information or records, the positioning of the computer screen or records will be such that the information cannot be readily read by unauthorised persons.
- h) When I remove health, personal or commercially sensitive information from Wairarapa District Health Board premises, I must have permission to do so, and it will be kept secure and confidential at all times.
- i) I am aware of and agree to abide by the Information Technology Systems Access, Security and Usage policy and related protocols and guidelines for access to and use of Wairarapa DHB's computer-based systems and applications.

Signature of Declarant: .....

Declared at: .....

This ..... day of ..... 20 .....

Before me (Signature of Witness): .....

Department / Service / Location: .....