Laboratory Name:				Document No:	F.73		
Title	Labo	ratory - Employee Ethics & Confidentiality Fo	rm	Page No:	Page 1 of 1		
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	Name of the l	Doctor/Employee/Staff:		Designation:			
	Employee ID	:		Biometric ID:			
	Department:						
	Date of Joinin	ng:					
	I	(Name) agree to t	reat all	I the patient informati	on of the		
	Laboratory as	s confidential and will protect the same from u	nautho	orized access, use, or d	lisclosure		
	except to autiliaboratory ma	horized individuals requiring access to such anagement).	nforma	ation (on prior approv	al by the		
	If any attempt is made to obtain or use, or help in assisting others to obtain Patient Information,						
			when unauthorized or improper would result in disciplinary action that may lead to termination				
		•	y actio	on that may lead to ter	rmination		
	when unautho	•	y actio	on that may lead to ter	rmination		
	when unauthor	orized or improper would result in disciplinar		•			
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