

Laboratory Name:		Document No:	F.73
Title	Laboratory - Employee Ethics & Confidentiality Form	Page No:	Page 1 of 1

Name of the Doctor/Employee/Staff:

Designation:

Employee ID:

Biometric ID:

Department:

Date of Joining:

I _____ (Name) agree to treat all the patient information of the Laboratory as confidential and will protect the same from unauthorized access, use, or disclosure except to authorized individuals requiring access to such information (on prior approval by the laboratory management).

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 from employment with the organization.

I will abide by the ethical and confidentiality guidelines of the Laboratory to maintain high standard of ethics in work and confidentiality of information – pertaining to confidential patient information, which includes verbal, written, and electronic information.

Signature of Doctor/Employee/Staff

Date:

Time:

Place:

Note: All employees of the laboratory (full time/part time) should sign this form. The original signed form should be kept in the employee personal file and the copy of the form should be given to the employee concerned.

Issue No: 1	Issue Date: 28.11.2022	Amend No:	Amend Date:	Copy No: 1
Prepared/Issued by:	Quality Manager	Approved by	Laboratory Director	
Signature		Signature		