

Oath of Confidentiality

I understand that, in the course of my duties in this service, I will come in contact with sensitive, personal information about patients attending this health facility. I understand that this information is highly confidential and pledge to protect the confidentiality of all patients attending the service. I will protect the confidentiality of patients by not discussing or disclosing any information about them to an unauthorized person, including the fact that they attended these services. Unauthorized persons may include, but are not limited to, my family, friends, co-workers, and community leaders. I understand the potential social harm that may come to patients whose personal and medical information is disclosed to unauthorized persons. I understand that willful disclosure of any information about any patient in this service could result in termination of my employment or result in legal action against me.

