# Information Privacy and Confidentiality Agreement

### Undertaking to observe information privacy and confidentiality requirements

I, Insert Name understand that while I am working or providing services for the Cancer Institute NSW, I may have access to, or may come across, sensitive information, including personal or health information from which the identity of an individual may be ascertained.

I undertake not to knowingly access any personal or health information held by the Cancer Institute NSW unless such access is essential for me to properly and efficiently perform my duties. I undertake strictly to preserve the confidentiality of any such information that I may properly or unwittingly access and not to disclose it in any form unless permitted by the Cancer Institute NSW.

If required to access, use or disclose any personal or health information held by the Cancer Institute NSW, I will only do so with the written permission of the Cancer Institute NSW.

I understand that a breach of this undertaking may constitute a breach of the *Privacy and Personal Information Protection Act* *(NSW)* or the *Health Records and Information Privacy Act (NSW)*, and could result in disciplinary action or prosecution under the relevant Act with a penalty of 100 penalty units or imprisonment for two years or both.

I understand that my obligations with regard to information privacy and confidentiality continue after my employment or engagement with the Cancer Institute NSW ceases.

Signed:

Name:   Insert Name

Date:    Enter Date

Witnessed by:

Name of witness: Witness Name

### Short term, temporary staff or contractors, please complete:

Project/work to be performed: Insert Details

Name of Cancer Institute NSW employee in charge of Project/work: Insert Name

# Conflict of Interest Statement

[ ]  By signing this agreement I acknowledge that I am not aware of any related interest, pecuniary or non-pecuniary, that may create, or appear to create, a conflict of interest. I will immediately bring to the attention of my manager or the relevant contract/project manager any change in circumstances.

**OR**

[ ]  I have the following related interest/s to declare

 Interest:

 Enter related Interest/s to declare

Signed: Date: Enter Date

 Insert Name

Where a Conflict of Interest is declared, this should be reported to the Staff Member/ Contractor/ Contingent Workers’ Manager.

Name of Manager: Manager Name Date Reported: Enter Date

The Manager is responsible for adding the conflict to the Conflict of Interest Register (EFF/15/05969).

Refer to NSW Health Policy Directive PD2015­\_045 *Conflict of Interest and Gifts and Benefits* for more information