



Confidentiality Deed

To: NORTHERN HEALTH ABN 42 986 169 981 of 185 Cooper Street, Epping in the State of Victoria (“Northern Health”)

From:

Brief Description

Data (Enter specifics if known)

Data Release

I understand and agree that the release of this data by Northern Health is conditional on me observing Northern Health’s Privacy policies. In particular:

- 1) I agree that any information provided to me by Northern Health for the purpose of the above analysis (including the data) which is not already in the public domain or known to me is Confidential Information.
- 2) The Confidential Information must be kept confidential, and must not be used or disclosed by me for any purpose other than supporting the research described above.
- 3) The only circumstances in which I may disclose the Confidential Information is with the express consent of Northern Health or if I am required by law to do so. If I am required to disclose the Confidential Information, I must notify Northern Health. Northern Health may, at its own expense, direct me to initiate legal proceedings to object to or limit the disclosure.
- 4) I understand that my obligation to keep the Confidential Information confidential continues indefinitely. In the event that I breach these obligations, Northern Health may recover from me any loss which it suffers.
- 5) I acknowledge that certain legislation relating to patient health care and records privacy (including the *Health Services Act 1988* (Vic), the *Privacy and Data Protection Act 2014* (Vic), the *Health Records Act 2001* (Vic) and the *Mental Health Act 2014* (Vic)) impose on me duties of confidentiality and I agree to comply with those requirements as they apply to Northern Health and its patients and that I am not permitted to, and will not, give to any other person, directly or indirectly, any information about any patient or Northern Health obtained by reason of my conduct of the research;

SIGNED SEALED AND DELIVERED

in the presence of:

)
) Sign here
)

Date:

.....
Signature of witness

.....
Date:

.....
Name of witness (block letters)

The Northern Hospital
 Panch Health Service
 Craigieburn Health Service
 Broadmeadows Health Service
 Bundoora Extended Care Centre

Northern Health
 The Northern Hospital
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