

# Fertility Clinic Patient Confidentiality Agreement

This Confidentiality Agreement ("Agreement") is entered into between the undersigned patient ("Patient") and the

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Fertility Clinic ("Clinic").

## 1. Purpose

The purpose of this Agreement is to ensure that all medical and personal information provided by the Patient to the Clinic remains strictly confidential, in accordance with applicable laws and clinic policies.

## 2. Definition of Confidential Information

"Confidential Information" includes, but is not limited to: all personal, medical, financial, and treatment information shared or created during the course of care at the Clinic.

## 3. Obligations

- The Clinic will not disclose any Confidential Information except as required by law or with written consent from the Patient.
- The Patient acknowledges understanding of the Clinic's privacy policies.

## 4. Exceptions

- Information may be released as required by law, court order, or regulatory entity.
- Confidential Information may be shared with authorized Clinic staff for the purpose of treatment, payment, and healthcare operations.

## 5. Duration

This Agreement remains in effect throughout the course of care and after the conclusion of the Patient's relationship with the Clinic.

## 6. Patient Acknowledgement

By signing below, the Patient acknowledges that they have read, understood, and agree to abide by the terms of this Confidentiality Agreement.

Patient Name

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Patient Signature

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Date

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Clinic Representative Name

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Clinic Representative Signature

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Date

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