# **Geriatric Patient Confidentiality Agreement**

### **Agreement**

This agreement is made between

(referred to as the "Recipient") and the healthcare organization/facility.

## **Purpose**

The purpose of this agreement is to ensure that all information relating to geriatric patients is kept confidential and handled in accordance with applicable laws and ethical standards.

#### **Confidential Information**

Confidential information includes, but is not limited to, patient names, contact details, medical records, diagnoses, treatment information, and any other personal or health-related information.

## **Obligations**

- The Recipient agrees not to disclose any confidential information to unauthorized persons.
- The Recipient will access geriatric patient information only as necessary to perform their assigned duties.
- The Recipient will take all reasonable measures to protect confidential information from unauthorized access or disclosure.

#### **Term**

This agreement remains in effect for the duration of the Recipient's association with the organization and thereafter, as required by law.

# **Breach of Agreement**

Unauthorized disclosure or misuse of confidential information may result in disciplinary action, termination, and/or legal consequences.

Recipient Signature	
Date	
Printed Name	
Organization Representative	