

Assurance of confidentiality

Name of person giving the assurance	Personal identity code
<input type="checkbox"/> Employee in Pirkanmaa Hospital District <input type="checkbox"/> Not employed by Pirkanmaa Hospital District	

I hereby give my assurance that I will keep secret all information coming into my possession through my employment in Pirkanmaa Hospital District pertaining to the patient's illness, examinations and treatment, likewise the patient's identity.

I further undertake to adhere to the provisions of the Act on the openness of government activities 23 § concerning the obligation to confidentiality and the prohibition to exploit according to which a person in an official position may not divulge the content or information which in the document is marked confidential nor other information which I may come by in my capacity as an official for which the legislation stipulates confidentiality.

Information coming within the sphere of confidentiality may not be disclosed even after the termination of functioning as an official or being in charge of a task.

Two copies of this Assurance have been made, one of which will be retained by Pirkanmaa Hospital District and the other given to the person providing the assurance.

Person providing assurance

Date

Signature of person providing assurance

/ 20

Recipient of the assurance

Date

Signature of recipient

/ 20

Name in block capitals

Name of official position

Unit