

Confidentiality Agreement

This agreement is between:

| | |
|---------------------------|--|
| Client's Name | |
| | |
| Professional's Name | |
| Job title Organisation | |

This agreement is about the sharing of medical information, and specifically HIV status, as agreed by the two people above. The client has disclosed that the following professionals already know their HIV status and discussions around HIV can take place with them.

1.

2.

3.

The client has agreed for their HIV status to be shared with

1.

2.

If the professional wishes to discuss the clients HIV status with any other people not listed here they must first seek the client's permission first, to share this information.

The client has a right to refuse consent to this sharing of information. The professional will only be able to override this if harm to another individual would occur without this sharing of HIV status.

All discussions around the sharing of HIV status will be documented.

Client's
Signature _____

Professional's
Signature _____

Print name: _____

Print name: _____

Date: _____

Date: _____