

## PPG Member Confidentiality Agreement:

“I confirm that in the event of becoming a member of my the PRIME Patient Participation Group, I shall not disclose any **specific patient information** received from or discussed within the Group without the prior specific consent of the patient in question, the Practice Manager or Patient Participation Group as a whole”.

I .....also fully understand that anything observed during my visit to the surgery in relation to the Patient Participation Group is strictly private and confidential unless agreed by all to be made public.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

*Please return a signed copy to the PPG Chair*