

MINISTRY OF HEALTH

STD/AIDS CONTROL PROGRAM

CONFIDENTIALITY AGREEMENT FOR PROVIDING AND SHARING DATA RELATING TO INDEX CLIENT TESTING IN UGANDA

To be signed by providers of index client testing plus anyone who interacts with Indext Testing facility information. A signed form should be stored in the confidential Indext Testing folder, at a secure place in the health facility.

A.	Designation	of personell	(Tick what a	oplies
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- 1. Index Testing Provider
- 2. Mentor/Supervisor
- 3. Data Manager/Researcher
- 4. Any other/Specify.....

B. Confidentiality Statement

SN	Confidentiality Statement	(Tick)
1	I will, to the extent allowable by the law, maintain the confidentiality of any client	
	names or other client's identifiers such as date of birth, place of residence, that I may	
	see as part of the index client testing.	
2	I will, review clients registers and any other records with client's names and other	
	client's identifier from a private place, or in such a manner as will protect client	
	confidentiality.	
3	I will not record any client's names or other client identifier	
4	I will discuss any question that I have related to the reviewed client's records with	
	other site visit staff only in the private place or in such a manner as will protect client's	
	confidentiality	
5	To the extent allowed by applicable law, I will not disclose the names of the site or	
	implementing partner (IP) staff in addition, I will only store site and IP identifiable	
	information related to the index client in the secure data management system.	
6	I will not share Index Testing data from this health facility with any other 3 rd party for	
	purposes other than those approved by Ministry of Health or the National Council of	
	Science and Technology	

C. Commitment to uphold the above clauses

I hereby ascent my signature as commitment to fulfill the above clauses				
Name:	Date			
Signature				