



THE REPUBLIC OF UGANDA

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 Index Testing facility information. A signed form should be stored in the confidential Index Testing folder, at a secure place in the health facility.

A. Designation of personell (Tick what applies

- 1. Index Testing Provider
2. Mentor/Supervisor
3. Data Manager/Researcher
4. Any other/Specify.....

B. Confidentiality Statement

Table with 3 columns: SN, Confidentiality Statement, (Tick). Contains 6 rows of confidentiality clauses.

C. Commitment to uphold the above clauses

I hereby ascent my signature as commitment to fulfill the above clauses

Name: Date

Signature

END