



## Obligation of confidentiality

Name \_\_\_\_\_

Birth number (11 digits) \_\_\_\_\_

### I understand:

- That in my work/practice at UNN, I may obtain knowledge of matters which, out of consideration for patients, their families, children and parents/guardians or others, must be kept strictly confidential.
- that this work requires responsibility, loyalty and commitment.

### I have familiarized myself with the statutory provision quoted below. I am aware that:

- breach of professional secrecy may involve criminal liability and possible termination from the service.
- confidentiality also applies when using social media.
- confidentiality also applies after I leave the service.

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

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### “Act on specialist Health Services” § 6-1. Obligation of confidentiality

Anyone who performs service or work for a health institution covered by this Act is bound by confidentiality pursuant to Sections 13 to 13 e and 13 g of the Public Administration Act.

The duty of confidentiality also applies to the patient's place of birth, date of birth, social security number, citizenship status, marital status, occupation, place of residence and place of work. Information about a patient's whereabouts can still be given when it is clear that it will not damage trust in the health institution. Information about a patient's name, transport needs and whether the patient must pay a deductible and, if applicable, the amount can be given to the carrier in connection with transport in accordance with § 2-1a first section no. 6.