

# **Kent Adult Social Care**

## Occupational Therapy

## Confidentiality letter for School leavers, Students

## and Temporary staff

I …………………………………………………………………….agree that I will respect the

Confidentiality of any information I acquire during my work with Kent adult social care.

In particular I will not discuss or pass on to any third party details of individual service users or their families. I will not disclose any information which I am told is of a confidential nature nor will I ask for information outside the province of my area of work.

Signed:……………………………………………………… Date:………………………..

Name:……………………………………………………….

Address:………………………………………………………………………………………........

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Witness signature: ……………………………………. Date:………………………

Name:……………………………………………………