

# Confidentiality Agreement and Conflict of Interest Declaration



I, .....give this agreement to the South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council).

I acknowledge that all information to which I gain access as a result of my work as an accreditation team member for the Advisory Council and/or as a member of the Advisory Council Accreditation Committee, including information provided by the health service, documents relating to accreditation visits and any report I author or co-author in this capacity is confidential and will be used for the sole purpose of fulfilling my role as an accreditation team member and/or member of the Advisory Council Accreditation Committee.

I acknowledge that any perceived or actual conflict I may have between my membership of the Accreditation Committee or an accreditation team and my professional or personal interests must be fully disclosed in this form in accordance with the SA MET Accreditation Conflict of Interest Policy. I acknowledge and agree to comply with any approach for removing or managing a perceived or actual conflict of interest.

### The terms of the agreement are:

1. I will not disclose, either directly or indirectly, the contents of any accreditation team reports, associated material or data without prior written authorisation from the Advisory Council Accreditation Committee Chair.
2. I will take all reasonable steps to ensure that any person, other than those persons permitted by SA MET, does not have an opportunity to inspect or otherwise have access to confidential accreditation information.
3. I have read and understood the SA MET Accreditation Conflict of Interest Policy and have made a full and frank disclosure of interests that may put me in a conflict of interest situation.
4. I will take all reasonable steps to notify SA MET of any conflict that arises through professional or personal interests in the future.

I have professional, personal or personal interests which may conflict, or be perceived to conflict with the SA MET accreditation function as outlined below:

Nature of the interest (professional, employment, personal, financial, other)	Name facility, private practice, or LHN
Currently employed at	
Consults at	
Has a significant personal relationship with a person at	
Has a financial interest in	

**NAME:** *(please print):*

**SIGNED:**

**DATE:** / /