CONFIDENTIALITY AGREEMENT
FOR PERSONS EMPLOYED BY A DENTIST

I, _____, agree to respect the confidentiality of all information concerning patients that becomes known to me as part of my work at the clinic operated by Dr. _____ .

I acknowledge that the nature of my work means that I may receive confidential information from the dentist, from other employees, or from patients, or that such information may become known to me in the performance of my work.

I also understand that dentists are bound by professional secrecy regarding the information they obtain from their patients in the practice of their profession and that the *Code of Ethics of Dentists* requires that they take reasonable measures to ensure that the persons working with them preserve professional secrecy.

EXCERPT FROM THE *CODE OF ETHICS OF DENTISTS* (CQLR, c. D-3, r. 4)

§6. Professional secrecy

3.06.01. Every dentist must preserve the secrecy of all confidential information that becomes known to the dentist in the practice of the profession.

3.06.02. A dentist may be released from the obligation to preserve professional secrecy only with the patient's authorization or where so ordered by law.

3.06.03. To preserve professional secrecy, a dentist shall

(1) maintain the confidentiality of all information that becomes known to the dentist in the practice of the profession;

(2) avoid holding or participating in indiscreet conversations concerning a patient and the services provided to the patient;

(3) take reasonable measures to ensure that the persons working with the dentist or carrying out their activities within the same company where the dentist practises his profession preserve professional secrecy;

(4) refrain from disclosing facts or confidences that become known to the dentist, except with the patient's written authorization or where so ordered by law; and

(5) refrain from disclosing the fact that a person has requested the dentist's services where that fact is likely to cause harm to the person, unless the nature of the matter requires it.

I therefore agree not to disclose to anyone (including members of my family), unless the situation so requires in the performance of my duties or if I am so obliged by the law or tribunals, the contents of records or information held by the dentist or any details concerning a patient. This includes, without limiting the generality of the foregoing, personal, financial, medical or dental information that becomes known to me and any confidences made to me.

I also agree not to use confidential information to my advantage or in any way that could harm patients' interests.

This confidentiality agreement is binding on me not only while I am employed by the dentist, but also after I leave such employment.

SIGNED IN _____ , ON THE ____th DAY OF _____ .
MONTH / YEAR

_____ _____
SIGNATURE NAME (PLEASE PRINT)

Ordre des dentistes du Québec

LE DENTISTE,
LE DOCTEUR QUI VEILLE
SUR VOTRE BOUCHE