



مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre
Gen. Org. مؤسسة عامة

Academic & Training Affairs

CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

I, the undersigned, do hereby undertake that I will not, either during my training/agreement period or thereafter, disclose or make available to any legal or real person or use directly or indirectly any confidential, sensitive, secret and/or proprietary information belonging or relating to the Hospital without the Hospital's prior written approval unless mandated by law. In the event disclosure is required by law, I shall timely inform the Hospital with sufficient detail as to the information requested so that the Hospital may take action to protect the information prior to my disclosure. Such Information includes, but is not limited to:

- Nonpublic Hospital information
- Patient information
- Hospital employee information
- Proprietary, business, research and development, marketing, pricing and strategic information
- Operational and systems information
- Compensation, hiring and personnel information

In the event I breach this confidential and non-disclosure obligation, I accept the Hospital's right to take legal, remedial and/or disciplinary action against me and I shall fully cooperate with the Hospital immediately upon awareness of such breach in order to mitigate any harm caused and/or prevent further harm to the Hospital.

I certify that I have read and fully understand this confidentiality and non-disclosure statement and have had the opportunity to ask questions about it before signing it. I further certify that I willingly accept the obligations and responsibilities contained herein including the consequences of breaching them, whether intentionally or negligently.

Signature: _____

Name: _____

(Clear Letters)

University Name & ID#: _____

Hospital ID#: _____

Date: _____



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ACKNOWLEDGMENT

I, the undersigned, acknowledge that I am a medical student / a medical clerk / an intern undergoing full-time/summer/clinical research training at KFSH&RC and that I am fully aware of the Hospital's Policies, Procedures and Regulations with which I must strictly and completely comply during my training period.

I further acknowledge that I shall not represent and have no authority to represent the hospital or Academic & Training Affairs in any way to any person, legal or real, inside or outside KFSH&RC, unless and only to the extent so authorized in a prior writing by the Hospital or Academic & Training Affairs. I also acknowledge that I shall not develop any external relationship with and/or interest in a third party which might conflict with the interests of the Hospital or influence my judgment or actions during my training period without the prior written approval of the Hospital.

I fully understand that my acknowledgement gives the Hospital an additional right to take appropriate action, remedial and/or disciplinary, against me in the event I breach my undertaking to comply with the Hospital's Policies, Procedures and Regulations.

Name: _____

Title: _____

Hospital ID number: _____

Identification No. (Passport/Iqama): _____

Signature: _____

This acknowledgement was signed in the presence of the Academic & Training Affairs:

Name: _____

Title: _____

Signature: _____