

**The Peninsula Practice**  
Working in collaboration with practices in DHG South

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**Partners:**  
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**Suffolk IP12 3DA**  
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Full name:

**Confidentiality Clause for members of The Peninsula Practice Patient Participation Group.**

As member of the Peninsula Practice Patient Participation Group:

I fully understand that all patient information held by the Practice is strictly confidential; including details pertaining to any patient visiting the surgery.

I understand that the duty of confidentiality owed to any person under the age of 16 is equally great as the duty owed to any other persons who uses the practice.

I **must not** disclose **any** personal information learnt in the course of performing my Patient Participation Group duties to anybody outside the Peninsula Practice.

I understand that any breach of this obligation **will** result in my membership of the Patient Participation Group being discontinued.

Signed: .....

Date: .....

