

**Extract from College of Medicine and Veterinary Medicine Handbook for
Postgraduate Research Students**

Lothian University Hospitals Trust

Declaration of Confidence of Medical Information*

I understand that, in the course of my studies related to the project below, I shall have access to medical information, all of which is highly confidential.

I undertake not to disclose such information to any person not connected with the care, diagnosis or treatment of patients. If in any doubt as to the authority of the person seeking information, I shall refer to a senior officer.

It has been explained to me that any breach of such confidence would normally lead to disciplinary action.

Signed:

Date:

Student's name (in BLOCK LETTERS):

Project details/title:

I certify that I have explained the importance of confidentiality of medical information* and other areas of research governance relevant to this project.

Signed:

Date:

Supervisor's name (in BLOCK LETTERS):

Position:

Medical information in this context means patient data, organs, tissue or other materials but specifically does not include direct access to patients or the recently dead.