



Trainee Affairs Department  
Counselling and Guidance Section  
Confidentiality Form (1)

I, \_\_\_\_\_, understand that all the information discussed with staff of the OMSB Counselling and Guidance Section will be managed in a completely confidential manner. This information will not be disclosed without my written consent.

I, \_\_\_\_\_, understand that there are circumstances where confidentiality may be breached and disclosed to another source.

**Confidentiality may be breached if:-**

1. There is a specific concern regarding my own safety.
2. There is a specific concern regarding the safety of others, including but not limited to patient safety.
3. When I have been formally referred to the Counselling and Guidance Section, a report will be provided to the referrer, though personal information will be kept to a minimum.
4. A written consent is signed by the trainee

Name: .....

Telephone No.....

Date ..... Signature .....