**Confidentiality and professional secrecy - consultant, agency staff and others**

I (the undersigned) ………………………………………………………………………….

Company (employer) ……………………………………………………………………….

hereby acknowledge that I am aware of the Swedish Information and Secrecy Act regulations, and ensure that I will not unauthorized disclose to any natural or legal person the information that I obtain in my assignment in Region Halland. Information can be of both private and commercial nature.

This confidentiality also applies after the termination of the assignment, for life.

Date ……………………………………………

………………………………………………….

Signature

…………………………………………………..

Printed name

Appendices:

[*Public Access to Information and Secrecy Act*](https://www.government.se/contentassets/2ca7601373824c8395fc1f38516e6e03/public-access-to-information-and-secrecy.pdf)

|  |
| --- |
| Updated from the previous versionNew form |