

**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY
THIRUVANANTHAPURAM**

EMPLOYEE CONFIDENTIALITY AGREEMENT FORM FOR VPN ACCESS

I agree to maintain strict confidentiality regarding any information that I remotely access through VPN as part of my clinical responsibility and shall strictly maintain Institutes ethics and comply with the Institutes privacy policy.

Name:

Employee ID:

Signature:

Date:

Approved by Medical Superintendent

Name:

Signature:

Date: