Undertaking by a patient's legal representative not to divulge information to the patient

I	(legal	practitione	r's name)
agree not to divulge any information in my clie	nt's medi	cal record t	o my client
		(patie	nt's name),
which (na	ame of r	nental heal	th service)
has indicated should not be disclosed. I unde	rstand th	at it is on t	he basis of
this undertaking that I will be provided with record.	access t	o my clien	t's medical
I understand that if I breach the terms of the unsatisfactory professional conduct may be Complaints Committee of the Legal Practice Bornofession Act 2008.	oe made	e against	me to the
(Name of legal practitioner) (Signature)			(date)
(Name of Firm/Organisation)		_	
Copy provided to legal representative			
Copy provided to mental health service			