

Date:

To the Director of the Tokushima University Hospital

Written Oath

I fully understand and will adhere to the Personal Information Protection Act and the annex Ten Things You Must Not Do.

During my permitted time at Tokushima University Hospital and even after leaving, I will not disclose the personal information of patients and hospital personnel I obtain to a third party without a legitimate reason.

I swear that I will observe this oath in good faith.

Affiliation and title

Name

Signature