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**Legal Aid Review Panels (LARP) Member Undertaking**

**Given by:** [insert LARP member name] of [insert address]

**In favour of:** Legal Aid NSW, ABN 81 173 463 438, of 323 Castlereagh Street, Haymarket, NSW 2000 (**Legal Aid NSW**)

**Background**

A The principal function of Legal Aid NSW is to provide legal services in accordance with the *Legal Aid Commission Act 1979* (NSW) (the LAC Act). Under sections 25 and 26 of the LAC Act any information obtained in connection with the provision and/or administration of legal aid is confidential. Under section 26 of the LAC Act it is an offence to disclose any information obtained in connection with the administration of legal aid. LARP members must comply with sections 25 and 26 of the LAC Act.

B Legal Aid NSW protects and deals with the personal and health information of clients and others in compliance with the privacy legislation, and the Legal Aid NSW Privacy Management Plan, Privacy Policy, and Data Breach Policy. LARP members must adhere to and comply with the privacy legislation and privacy policies in accordance with this undertaking.

C For the purpose of discharging their LARP functions, LARP members may have access to:

* confidential information belonging to Legal Aid NSW
* personal and health information belonging to clients and third parties, and
* information subject to sections 25 and 26 of the LAC Act,

(together, **the Information**).

D I, the undersigned LARP member, acknowledge and accept that the protection of the Information is of paramount importance to Legal Aid NSW.

E Additionally, I acknowledge and accept that any perceived or actual conflicts of interest raised in my role as LARP member must be avoided.

In my role as LARP member, I undertake to:

**Confidentiality and Privacy Undertaking**

1. acknowledge that ownership of the Information remains with Legal Aid NSW
2. use or access the Information for the sole purpose of carrying out LARP functions
3. ensure that the Information is kept confidential and not divulged to any third parties
4. take all necessary precautions to safeguard and protect the Information from any unauthorised access, use, disclosure, or alteration of the Information
5. notify Legal Aid NSW immediately of any data breaches or suspected data breaches, and acknowledge that Legal Aid NSW complies with the mandatory notification of data breach scheme under Part 6A of the *Privacy and Personal Information Protection Act 1998* in accordance with the Legal Aid NSW Data Breach Policy
6. acknowledge that government information is subject to the *Government Information (Public Access) Act 2009*, which facilitates information sharing and proactive disclosure of information
7. acknowledge that the Information is confidential and may include personal and health information, and is subject to the *Privacy and Personal Information Protection Act 1998*, *Health Records and Information Privacy Act 2002,* and ss25 and 26 of the *Legal Aid Commission Act 1979* (together, **the Legislation**)
8. comply with the Legislation, the Legal Aid NSW Privacy Management Plan, and the Legal Aid NSW Data Breach Policy, in dealing with the Information
9. delete the Information after the conclusion of LARP functions for each matter, or otherwise upon Legal Aid NSW direction, with assurance that this has been done
10. notify Legal Aid NSW of any possible breach of this undertaking as soon as reasonably practicable, and take all steps necessary to remedy, prevent or stop the breach, and comply with any reasonable directions issued by Legal Aid NSW.

**Conflict of Interest Undertaking**

1. avoid any perceived or actual conflict of interest, and
2. if I am satisfied a conflict of interest may reasonably be concluded, immediately:
   1. recuse myself from reviewing the matter
   2. not access or read, or stop accessing or reading, any documents related to the matter (**the Documents**)
   3. delete or return the Documents to the LARP Secretariat, and
   4. notify the LARP Secretariat that I have a conflict of interest.

Signature: .......................................

Name: .............................................

Date: ...............................................