



CONFIDENTIALITY STATEMENT

All information pertaining to patient/participant/client, medical records and reports are strictly confidential.

Anyone found reading reports, discussing patient/participant/client information or imparting confidential information except when authorized to do so, is liable for disciplinary action and possible dismissal.

I understand the above policy and agree to respect and keep confidential all information I may hear or read pertaining to patients/participants/clients and/or their medical records.

PRINT NAME: _____ DATE: _____

EMPLOYEE
LEGAL SIGNATURE: _____

This form is to be signed upon employment and is maintained in the Employee's personal file.