



Confidentiality Statement for Students

In order to comply with healthcare accreditation guidelines and professional ethics standards, it is imperative that all students and staff understand, respect and follow the healthcare facility's confidentiality policy. We ask that you read this "Confidentiality Statement" very carefully. We will need your signed copy to keep on file. Please let the Student Shadow Coordinator(s) know if you have questions or concerns regarding this requirement.

I understand that as a student I am responsible for maintaining the confidentiality of all information related to this healthcare facility. This agreement prohibits the unauthorized communication of information about patients, families, physicians, employees, and volunteers which is of a medical, personal, or financial nature, including the fact a patient was admitted to this healthcare facility or any other program or institution affiliated with this healthcare facility.

I also understand and agree, as part of being a student, that what I see or hear in this healthcare facility pertaining to the above may only be discussed on the premises with members of the healthcare facility's staff for purposes which benefit the organization's stated objectives.

I have read and fully understand the above statements.

Student Signature

Date

Student Printed Name

Parent Signature

School

Shadowing Facility