



Confidentiality Statement

I understand that all information relating to patients, either written or oral, is to be held in strictest confidence. This restriction applies to information regarding diseases and treatments. These confidential matters will be discussed only with those persons involved in the care of the patient or with those persons who have a need to know. I also recognize that similar diligence is to be observed in protecting the confidence of information concerning the employees, medical staff and financial data of this facility.

Print Name

Date

Signature

Signature of parent or guardian(if under 18)