

CONFIDENTIALITY STATEMENT

EMPLOYEE NAME _____ (Please print)

I understand and agree that in the performance of my duties as an employee of _____, I must hold all healthcare/personal information about a patient/family/significant other in confidence. Further, I understand that intentional or involuntary violation of this confidentiality may result in disciplinary action.

DATE

EMPLOYEE SIGNATURE

_____	_____
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This statement will be signed at time of employment and annually thereafter. This statement is to be retained in the employee file. The office manager has the responsibility for annual reaffirmation.

Revised 9/05, 12/05, 1/06, 3/08

This form is for reference purposes only. It is a general guideline and not a statement of standard of care and should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual state(s).