



Appendix A

CONFIDENTIALITY AGREEMENT

Sacred Heart Health System has a legal and ethical responsibility to protect the privacy of all patients and to take appropriate safeguards to protect their health information. I understand that in the course of my career shadowing or internship experience I may come into contact with confidential patient information. This information includes verbal communication, documented material such as that found in medical records as well as computerized information available in healthcare computer systems. I understand that such information must be maintained in the strictest confidence.

I hereby agree that I will not at any time during or after my experience at Sacred Heart Health System disclose any patient information to any person or use patient information, other than as necessary in the course of my career shadowing experience. I also agree to protect this information by using the appropriate safeguards including but not limited to, speaking in a lowered voice, avoiding conversations in public areas, and disposing of material containing confidential information in appropriate receptacles.

NAME: _____

DATE: _____