

**Health Occupations Department**

**Student Acknowledgement of Patient Confidentiality**

I, \_\_\_\_\_, student nurse,

PRINT FULL NAME

hereby recognize that medical records, patient care information, personnel information, reports to regulatory agencies, and conversations between or among any health care professionals regarding patient matters are considered confidential, and should be treated with utmost confidentiality. If it is determined that a breach of confidentiality has occurred as a result of my actions, I can be liable for damages that result from such breach, and possible termination from the Program.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_