



ACKNOWLEDGEMENT OF CONFIDENTIALITY

I understand patient care activities can/will be taking place during the EDGE Training class in which I am enrolled. It is important to practice confidentiality with respect to other individuals and their care that may be in the same facility as my classes.

Confidentiality – This pertains to any information that you come across during the course of your training experience (medical, financial, social, name, etc.). It is important to remember that the confidentiality agreement not only applies to what you hear, but also extends to anything written or displayed on a computer screen that contains confidential information regarding a patient or their family.

Fort HealthCare’s professional and ethical responsibilities to its patients are to ensure that information concerning their health care is kept confidential, except where disclosure is required or permitted by law. Fort HealthCare personnel and visitors must be mindful that the obligation to maintain privacy and confidentiality continues after the patient is no longer a patient in the Fort Healthcare facility.

I have read the confidentiality statement and agree to adhere to its requirements. I represent that I am of full legal age, or if under the age of 18, I have my parent/guardian approval.

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



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