

## **STUDENT CONFIDENTIALITY RELEASE**

I, \_\_\_\_\_, recognize that all patient information written or verbal contains confidential information and that I have a legal and moral responsibility to maintain patient confidentiality at all times. I will not release or discuss any patient information that I have obtained in any manner without the patient's expressed, written consent.

I understand that I may not discuss anything at home, work, or anywhere else outside of my clinical responsibilities that infringe upon the right or privacy of any patient associated with Aultman Health Foundation. This extends to the family members/ friends of a patient. Anything I see or hear while completing my student experience is to be treated as confidential unless it has direct bearing on the personal safety and well being of the patient or others.

I understand that any violation of the above agreements will result in expulsion from the Future Healthcare Leaders Program shadowing /externship/internship and refusal of acceptance at any other time. I may potentially face legal action as a result of my breach of confidentiality.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_