

Memorial Hospital of Lafayette County

800 Clay Street, Darlington, WI 53530 608.776.4466

Commitment to Confidentiality Agreement

In order to preserve the dignity of the people we serve, confidentiality must be strictly observed. Confidential information obtained through my job shadow at Memorial Hospital of Lafayette County is to remain confidential.

I understand that any information I acquire in accordance with my job shadow is extremely confidential and is to be kept confidential. This includes information related to patients, residents, employees, financial or statistical records and or reports.

I will avoid confidential information, which I do not have a need to know. Additionally, I will realize that I have a responsibility to discourage others from inappropriate access.

By signing this commitment, I agree that I will use health care information for purposes of my job shadow only. I understand that sharing information for reasons other than work-study purposes is a breach of confidentiality and where confidentiality has been found breached, possible legal action may be taken.

Student Signature

Departmental Mentor

Date

Date

Have your Mentor return this form to the Community Outreach Dept.