

OATH OF PATIENT CONFIDENTIALITY

- I agree not to divulge any information obtained during the course of my activities regarding patients to **any** non-employee.
- Such information should never be disclosed either directly or indirectly, in verbal or written form, with or in the presence of individuals outside this office.
- I understand that information regarding patients may **only** be released to staff employees who have a designated need to know the information in the services of the patient.
- I also understand that failure to comply with this policy will be grounds for immediate termination.

I recognize that the unauthorized release of confidential information may make me subject to civil action under provisions of the Welfare and Institutions Code and the Insurance Code Information and Privacy Protection Act.

EMPLOYEE:

Print Name

Signature

Date

Outside Housekeeping Service

Print Name

Signature

Date

Other : i.e. Students

Print Name

Signature

Date