PDE
professional development and education

BON SECOURS CHARITY HEALTH SYSTEM
Bon Secours Health System

CONFIDENTIALITY ACKNOWLEDGEMENT

I hereby acknowledge that, in accepting a position, volunteering, functioning in the capacity of a student or becoming a member of the medical staff of Good Samaritan Hospital and the Bon Secours Charity Health System, it is my responsibility to access and use confidential information in the course of my professional and job duties in an appropriate way. Confidential information includes, but is not limited to, information about patients, employees, medical staff, volunteers, vendors, suppliers, contractors, visitors, payroll and financial data operations, programs and plans of the Health System. A breach of confidentiality occurs when a physician, employee, student or volunteer willfully, negligently or carelessly discloses or causes to be disclosed, orally or in written form, any confidential information to any person who does not have a valid "need to know." It is also not permissible for a physician; employee, student or volunteer to acquire confidential information for which he/she does not have a "valid need to know" or is not authorized to have, even if no disclosure occurs.

Violation of this agreement my subject me to civil penalties and/or disciplinary action up to and including dismissal.

NAME OF COLLEGE OR INSTUTUTION _____
SEMESTER AND YEAR _____ **DATES OF CLINICAL ROTATION**_____
DAY OF CLINCIAL ROTATION _____ **TIME OF CLINCIAL ROTATION** _____
COURSE TITLE AND NUMBER _____
CLINICAL INSTRUCTORS NAME _____
CLINCAL INSTRUCTORS SIGNATURE_____

The following students/instructor verify that they have read and understand the above confidentiality acknowledgement:

NAME (PRINT)	SIGNATURE
INSTRUCTOR NAME	**SIGNATURE**

Witness (Instructor) Date