

CMC - NorthEast
Concord, North Carolina

ASSURANCE OF CONFIDENTIALITY

I, _____, understand CMC - NorthEast's policy on
(Print Name of Student)
confidentiality of patient/client/business information. I further completely understand
that accessing information regarding patients, either by computer or review of a patient's
medical record, should be done only if specifically related to my job. For example,
obtaining information on patients that I know socially or patients that are co-workers,
or family members violates the Confidentiality Policy. I will also refrain from discussing
any patient's medical, personal or financial status with anyone unless such information is
pertinent to the patient's case and further agree to keep all information confidential. I
also agree to keep access codes and passwords confidential. I fully understand that any
violation of this policy will result in immediate termination and could also subject me to
civil action for the collection of monetary damages.

Student Signature

Date