

ST. MARY MEDICAL CENTER
Langhorne, Pennsylvania

CONFIDENTIALITY STATEMENT

I UNDERSTAND THAT in the performance of my duties as a student at St. Mary Medical Center, I may have access to certain patient, employee/agent, and hospital information;

THAT this information is confidential under both state and federal regulations as well as hospital policy.

THAT by receiving a password/bar code, I am permitted to access information only to the extent needed to perform my student nurse duties, that the password is nontransferable, and that I am fully responsible for information that is keyed into the system under my password/bar code;

THAT violation of the provisions of the Confidentiality Policy, may be grounds for disciplinary action, up to and including loss of my assignment at St. Mary Medical Center

I acknowledge that I have read and that I understand the Confidentiality Statement.

Student Signature

Print Name

Date