



## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, do hereby agree to keep all information obtained regarding patients, physicians, and other caregivers confidential. I hereby agree not to discuss any information obtained during the course of this observation with persons outside of Providence. I release Providence Alaska Medical Center and its representatives any liability arising from a breach of confidentiality caused by myself.

\_\_\_\_\_  
Observer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date

### **Guidelines for Practicing Confidentiality**

Patients should not be discussed at breaks or meal times.

Patients should not be discussed with health care workers not directly involved in their care.

Medical and nursing records should not be left at any location where they can be seen by unauthorized personnel.

Patients must give permission for information (such as diagnosis) to be revealed to anyone. A patient may withdraw permission at any time.

Patients should not be discussed where information can be overheard by visitors.

When a patient is your neighbor or friend, you should be particularly careful not to reveal any information to mutual friends.

No information about patients should be revealed to reporters, press, or media.

Interviews with confused or disoriented patients are not permitted without family and/or physician's permission.