

# COLLEGE OF SOUTHERN NEVADA

## CONFIDENTIALITY STATEMENT

The undersigned understands that all medical information acquired as a result of their participating in work and/or health care activities at Facility is confidential and that the undersigned is prohibited from disclosing that information to any person or persons not involved in the care or treatment of the patients, in the instruction of Students, or in the performance of administrative responsibilities at Facility. The undersigned agrees to protect the confidentiality of patient information as required by law at all times both during and following his or her relationship with Facility. Conversations between physicians, nurses, and other health care professionals in connection with or in the presence of a patient receiving care or between the undersigned and a patient are also protected and may not be discussed. The undersigned recognizes that other sources of medical information include medical records, emergency room department, and ambulance records, child abuse reporting forms, elderly abuse reporting forms, laboratory requests and results, and x-ray requests and results. The undersigned understands that a breach of this confidentiality by him or her may result in an action for damages against him or her as well as against Facility. Facility may terminate the undersigned's relationship with Facility based upon a single breach of confidentiality by him or her.

---

Student Signature

---

Date

---

PRINT Student Name

---

Student ID Number

---

Faculty Advisor Signature

---

Date

---

PRINT Faculty Advisor Name

---

Student ID Number

*Copy to:* program director