

**FLEMING COUNTY HOSPITAL**  
**CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_, do hereby understand the importance of **confidentiality** at *Fleming County Hospital* and understand the consequences that follow. Individual(s) are subject to confidentiality and any information, in whatever form it is presented to me, shall be deemed confidential information.

I agree that I shall not use or disclose, directly or indirectly, any confidential information, either belonging to the clinical site with respect to which the clinical site has secrecy obligations to third parties, at anytime during my educational arrangement or after completion of my educational arrangement.

The release of any confidential information as prohibited herein shall be grounds for immediate dismissal or further action.

I hereby acknowledge that I have read the foregoing statement and that I understand that it is a condition of clinical site visits.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Classification