



Gateway Technical College  
Health Careers  
Confidentiality Statement

**Purpose:**

The purpose of this statement is to document your acknowledgement and understanding regarding confidentiality of healthcare information from the clinical sites.

**I acknowledge and understand the following:**

1. I agree to only access information that is needed to do my assignments. I also agree to only disclose or discuss confidential information, including patient information, with those who may need this information in order to do their job. I also agree not to disclose or discuss any confidential information outside of the clinical sites as stated by HIPPA.
2. I understand that I am responsible for understanding and following the laws, regulations and policies that apply to the clinical sites.
3. I agree to not talk about any confidential information where others can overhear conversations; such as in hallways, elevators, restaurants/cafeteria, or any other public areas. This agreement includes those times even when a name(s) is/are not utilized.
4. I agree to not change, inquire, or delete any information unless it is authorized.
5. I agree to report all violations or suspected violations of information security and/or confidentiality policies.
6. I understand that violation of this agreement may result in disciplinary action, up to and including termination in the Surgical Technology Program, and/or legal recourse may be taken (i.e. fines or lawsuits).

I have read and understand this Confidentiality Statement and have discussed any questions I have regarding this document with my instructor(s).

A handwritten signature in black ink, appearing to read "Bridgette De", is written over a horizontal line. Below the line, the word "Student" is printed on the left and "Date" is printed on the right.