



A partnership
The Sisters of Charity of St. Augustine Health System and University Hospitals HealthSystem

CONFIDENTIALITY STATEMENT

I understand and agree that, in the performance of my duties in a clinical affiliation at Mercy Medical Center, I must hold medical information in confidence. I further understand that my intentional or involuntary failure to maintain the confidentiality and security of the Medical Center's medical records may result in my dismissal from the program and in possible legal action as may be imposed by State and Federal legislation which action might include possible fine or imprisonment.

College/School: _____

Signature: _____ Date: _____