



Career and Technical Education
Nursing Assistant Program

Confidentiality Contract

I, _____, understand and agree that in the performance of my duties as a **Nursing Assistant** student, I must hold in confidence of my resident/patient, staff, and agency/facility information gained during my educational experiences. This includes all hospital/nursing home - related activities (including classroom work and any clinical assignments), and during internships. This includes refraining from referring to specific resident/patient information or photos. Further, I understand that any violation of confidentiality may result in my immediate dismissal from the program.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____