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: ________