

Healthcare Worker Confidentiality Consent Form Sample

This **Healthcare worker confidentiality consent form sample** ensures the protection of sensitive patient information by requiring healthcare professionals to agree to privacy terms. It outlines the responsibilities and legal obligations related to maintaining confidentiality in medical settings. Use this template to foster trust and comply with healthcare regulations effectively.

Confidentiality Agreement

I, , a healthcare worker at , understand that I may have access to confidential patient information in the course of my employment.

- I agree to maintain the confidentiality of all patient records and personal information.
- I will not disclose any patient information to unauthorized individuals or entities.
- I acknowledge that breach of confidentiality may result in disciplinary action, up to and including termination, and potential legal consequences.
- I agree to comply with all applicable laws and facility policies regarding patient privacy, including HIPAA or other relevant regulations.

Signature:

Date: