

# Confidentiality Statement Template for Medical Records

This **confidentiality statement template** ensures the protection of sensitive medical records by outlining strict privacy protocols. It serves as a clear agreement to uphold patient data security and maintain compliance with healthcare regulations. Using this template helps healthcare providers reinforce trust and safeguard patient information effectively.

## Sample Confidentiality Statement

I acknowledge that, during the course of my work or association with **[Healthcare Facility Name]**, I may have access to confidential medical records and sensitive patient information. I understand that such information is protected by law and facility policy.

1. I agree not to disclose, discuss, or otherwise reveal any patient information to unauthorized individuals, both within and outside the organization, unless legally required or expressly authorized by management.
2. I will only access patient records necessary for the performance of my job duties and will handle all information with the highest level of confidentiality.
3. I understand that unauthorized access, use, or disclosure of patient information may result in disciplinary action, including termination, and may subject me to civil or criminal penalties.
4. Upon termination of my employment or association with the facility, I will continue to maintain the confidentiality of all patient information acquired during my tenure.

By signing below, I affirm my commitment to uphold all confidentiality protocols as stated above, in accordance with applicable laws and **[Healthcare Facility Name]** policies.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_