



CLIFTON T. PERKINS HOSPITAL CENTER

ACKNOWLEDGEMENT OF OBLIGATION OF CONFIDENTIALITY

I, _____ of _____, am a guest speaker/ lecturer/ visitor attending a tour of Clifton T. Perkins Hospital Center for information/ educational purposes. I am not a member of the print or electronic media. I understand and acknowledge that any information I learn regarding [any] patient, or evaluatee, including the fact that a patient or evaluatee is in the hospital, is confidential and may not be released. If I should breach, or be accused of violating patient confidentiality, I will be personally liable for any damages and costs from any claim or cause of action arising from such conduct, including all costs, damages to the Hospital or State that may result from or arise in connection to the tour and release of information.

I further understand I may be subject to a search of person and property by Hospital Security, and agree not to bring any alcoholic beverages, drugs, or weapons, including a pen knife onto the Hospital premises.

PRINT NAME

DATE

SIGNATURE

PATIENT KNOWLEDGE DISCLOSURE

Please check the appropriate box:

- ☐ No, I have no personal knowledge of and/or personal relationship with any patient of CTPHC.
☐ Yes, I have personal knowledge of and/or a personal relationship with the following CTPHC patients:

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

Please explain personal knowledge of and/or type of relationship:

PRINT NAME

DATE

SIGNATURE

RETURN TO PI DIRECTOR UPON COMPLETION