



Franciscan Healthcare

CONFIDENTIALITY AGREEMENT

While visiting at Mayo Clinic Health System, I understand that I may come in contact with confidential information (medical, business and personnel related) verbally and through written documentation, and electronic applications. I agree not to divulge or disclose to anyone other than those persons at Mayo Clinic Health System who have a legitimate “need to know,” directly or indirectly, either during or after my visit, any confidential information acquired during the course of my visit.

Confidential information includes but is not limited to:

- written records (i/e medical records, schedules, forms, etc.)
- Information accessed through computers
- Verbal communication (with staff, patients, residents and visitors)
- What you may overhear, or whom you may see, in any Franciscan Healthcare Facility

By signing my name below, I acknowledge that I have read and understand the information on this form. I will maintain in strict confidence all information obtained as a result of my assignment here with regards to patients, residents, visitors and staff.

I understand and acknowledge that in the event I breach confidentiality, I am legally liable.

Name: _____
(Please Print)

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(if under 18 years of age)