

SOUTH PLAINS COLLEGE EMS PROGRAMS

CONFIDENTIALITY STATEMENT

I agree to hold as strictly confidential all information regarding patient, personnel, and/or student records, communications, and activities and all other information made confidential by law or SPC policy to which I have access or obtain as an employee, student, agent, representative or affiliate of SPC.

I agree that I will not read or otherwise gain access to such confidential information except as required to perform my duties and responsibilities at SPC. Further, unless disclosure is authorized or required by law, I agree that I will not disclose any such confidential information now, or at any time in the future, either directly or indirectly, except as required to perform my duties and responsibilities at SPC and then only to the extent disclosure is consistent with the authorized purpose for which the information was obtained.

I agree to handle all confidential information, whether written, computerized, oral, or in any other form, in such a way that it shall not be inadvertently revealed or disclosed to any other person. Except as authorized by my responsibilities and duties, I agree that I will not maintain for my files any permanent record that contains confidential information and will provide for the complete destruction of any rough drafts or unofficial copies of confidential information.

I acknowledge and agree that any breach of the Confidentiality Agreement by me may result in disciplinary action which may include immediate termination of my employment or affiliation with SPC; further, I understand that such a breach may result in legal action.

The terms of this Confidentiality Agreement are effective immediately and apply to all confidential information I have attained in the past as well as future information. I understand that this document will become part of my permanent personnel and/or student record.

Signature of Employee/Student/ or Affiliate

Date

Print Name

Witness