

Norton Healthcare High School Academy

Confidentiality Oath

In the performance of intern duties for Norton Healthcare, I hereby swear and affirm that, except as required by law, I will not discuss, reveal, copy or in any manner disclose or attempt to gain inappropriate access to information about:

- The business and operations of Norton Healthcare; nor
- Physicians associated with Norton Healthcare; nor
- Any patient who is receiving or has received health care services through Norton Healthcare, unless an appropriate authorization, executed by the patient, has been received.

I certify that I understand the Standards of Conduct and the Compliance Program and agree to abide by it. I acknowledge that I have a duty to report any alleged or suspected violation of the Standards of Conduct and the Compliance Program to the compliance officer at **(502) 629-8422**. Unless otherwise noted below, I am not aware of any possible violation of the Standards of Conduct or the Compliance Program. I also certify that I have not been convicted of, or charged with, a criminal offense related to health care nor have I been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs.

I also agree to comply with all Norton Healthcare policies and procedures relating to privacy and the requirements imposed by the Health Insurance Portability and Accountability Act (HIPAA). I understand that the information stated above is confidential, and that reading, discussing or otherwise breaching patient confidentiality is grounds for immediate termination from performing volunteer services at Norton Healthcare and may result in legal action. I further understand that confidential records shall be maintained, stored and destroyed in such a way as to protect the confidential nature of the record or document.

(All information must be filled out completely and be legible.)

Full Name (please print):

Date of birth:

Gender: Male Female Other

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Student Signature: _____

Date: _____

Parent/legal guardian signature (If student is under the age of 18):

Date: _____

