



LONGWOOD UNIVERSITY HEALTH CENTER
 106 Midtown Ave, Farmville, VA. 23901
 434-395-2102 Fax 434-395-2783

***LONGWOOD UNIVERSITY/POTOMAC HEALTHCARE SOLUTIONS
 STUDENT CONFIDENTIALITY STATEMENT***

I understand that in the course of my **employment, clinical rotation or volunteer time** in the Longwood University Health Center that I may have access to confidential medical information concerning clients at the Center. I understand that this information has been obtained and recorded for the purpose of medical treatment. I agree that I will use this information only for the purpose of my job responsibilities, and that under no circumstances will I disclose any information about any client at the Longwood University Health Center to non-authorized personnel.

I understand that violation of this policy may be considered grounds for the termination of my employment, clinical rotation, volunteer time with the Longwood University Health Center/Potomac Healthcare Solutions and I can be charged with an Honor Code Violation (for LU students). I agree that if I have any questions about this policy, I will consult with the Director of the University Health Center.

 Name – please print

 Signature

 Date

 Witness/Signature

 Date