



Employee/Student/Volunteer Nondisclosure Agreement

Cookeville Regional Medical Center has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my employment/assignment at **Cookeville Regional Medical Center**, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient services.

I understand that such information must be maintained in the strictest confidence. As a condition of my employment/assignment, I hereby agree that, unless directed by my supervisor, I will not at any time **during or after** my employment/assignment with **Cookeville Regional Medical Center** disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control, or use patient information, other than as necessary in the course of my employment/assignment. When patient information must be discussed with other healthcare practitioners in the course of my work/assignment, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the patient's care.

I understand that violation of the agreement may result in corrective action, up to and including discharge.

Signature of Employee/Student/Volunteer

Date