

## Confidentiality Acknowledgement

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Name (Printed)

West Tennessee Healthcare is dedicated to protecting the confidentiality of its patients and maintaining a high level of security to all who have access to West Tennessee Healthcare Information systems. It is your responsibility as an employee, student, volunteer, or other position with West Tennessee Healthcare to continue this standard. By signing this form, you acknowledge the following:

- I have received a copy of Policy No.7577 – Patient and System Confidentiality.
- I have read or had the Patient and System Confidentiality policy explained to me.
- I understand and agree to comply with the policy.
- I understand that if I fail to adhere to these policies, I may be subject to disciplinary action up to and including termination depending upon the nature of the offense, as determined by my management.

Signature \_\_\_\_\_ Date \_\_\_\_\_