



# Hope Healthcare Services

## Confidentiality Statement

### CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_, hereby acknowledge, by my signature below, that I understand that the patient, dental, medical, and financial information, records, data, and business affairs of the center to which I have knowledge and access. in the course of my employment at Hope Healthcare Services, are to be kept confidential. This Information shall not be disclosed to anyone under any circumstance, except where the patient's information can be used to prevent a threat to the patient's life or that of others. Please sign below:

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

Printed Name \_\_\_\_\_ Date \_\_\_\_\_