



# Memorial Hospital

UNIVERSITY OF COLORADO HEALTH  
1400 East Boulder Street  
Colorado Springs, CO 80909

## STATEMENT OF CONFIDENTIALITY

**Students acknowledge that their Supervisor/Preceptor has advised them of what confidentiality means at Memorial Hospital and that they will have access to confidential information regarding Memorial Hospital patients. Students agree to hold said information in the strictest confidence, and to take extraordinary precautions to prevent its disclosure to anyone, including friends and family members.**

**Students acknowledge that they may have access to other confidential information of or about Memorial Hospital. All business, financial, legal, medical and personal information disclosed by Memorial Hospital, either intentionally or unintentionally, to students in connection with this agreement shall be held in strict confidence and shall not be disclosed by students to anyone.**

**Student agrees to maintain the terms of this Agreement in strict confidence.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
School, Business, etc...

Student  Yes If yes, \_\_\_\_\_  
 No Student Type

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Clinical Area Assigned

\_\_\_\_\_ To \_\_\_\_\_  
Start-End Dates of Clinical/Observation

\_\_\_\_\_  
Preceptor Name/Contact Information