University of Pittsburgh at Titusville Nursing Program

Student and Faculty Acknowledgeme

After reviewing this policy, I understand my responsibility to uphold confidentiality in the handling of all patient and client, personal and medical information. I understand the potential consequences of a breach of this policy.

Signature:	Date:
Print as signed:	

MA: 5/18/06; FO 6/22/07, 6/27/07,2/20/11, 2/17/14