

HOSPICE OF GARRETT COUNTY, INC.

STATEMENT OF CONFIDENTIALITY

I understand that any patient/family information to which I have access, whether through access to the patient/family record, through hearing confidential information in the patient home, office, or through attendance at Interdisciplinary Team Conference, is privileged and shall be held in strict confidence. Patient/family information will only be shared with appropriate Hospice personnel.

Signature

Date