



Confidentiality Statement (non-employee)

I understand the necessity of maintaining and will maintain as privileged and confidential, all information which I may learn about North Alabama Medical Center, hospital employees, and patients including, but not limited to, financial information, patient diagnosis, courses of care and treatment, prognosis, personal lives, relationships and concerns, family matters and any descriptive information about the patient that could cause someone to become aware of the identity of the patient. I understand that patient confidentiality is of great importance and is never to be disclosed to anyone outside of the Hospital.

Print Name

Date

Signature