

**UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CENTER
CONFIDENTIALITY AGREEMENT**

I understand that I will be observing patient care and treatment being provided to patients at the University of California, Davis Medical Center (UCDMC). I understand and agree as follows:

That patient has a right to privacy regarding their receipt of health care;

That confidentiality is vital to the free and candid communication necessary for effective and safe patient care at the University of California, Davis Medical Center;

That I shall respect and maintain the confidentiality of all discussions, deliberations, patient records, and any other information generated in connection with these activities;

That I shall not release to any party of entity, any information, which I have observed or obtained that may be used to individually identify a patient except to persons authorized to receive it in the conduct of UCDMC business; and

That I will conform to all applicable rules and regulations of the Medical Center and will comply with all orders and directions of the Medical Center staffs.

Date

Signature

Printed Name