

# Confidentiality Statement

## Nutrition & Dietary Management Program



Throughout the Nutrition & Dietary Management Program at Indian Hills Community College, I, \_\_\_\_\_, will have access to patient information. I realize that this information is private and should be kept confidential. I realize that any unauthorized release of information is punishable by fine and/or imprisonment or dismissal from the program.

Throughout my education in the Nutrition & Dietary Management Program at Indian Hills Community College, I will not at any time inappropriately release confidential information and I will adhere to the Code of Ethics of the Nutrition & Dietary Management Program.

I understand that release of unauthorized patient information will result in immediate termination from the Indian Hills Community College Nutrition & Dietary Management Program.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_