

# Confidentiality Statement

## Dental Hygiene Program



Throughout the Dental Hygiene Program at Indian Hills Community College, I, \_\_\_\_\_, will have access to patient information. I realize that this information is private and protected under HIPAA and HITECH Act 2009 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 Dental Hygiene 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 Dental Hygiene Program.

I understand that release of unauthorized patient information will result in immediate termination from the Indian Hills Community College Dental Hygiene Program.

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

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