

OKLAHOMA DEPARTMENT OF CORRECTIONS
CONFIDENTIALITY ACKNOWLEDGEMENT AGREEMENT

Confidentiality is the right of an individual to have personal medical information kept private and not be disclosed to others unless the individual has given specific permission for such release. This includes but is not limited to printed, electronic, oral, and recorded information.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions and any other information in connection with individual offender care.
2. It is my ethical responsibility to protect the privacy and confidential information in connection with individual offender care.
3. I shall make no voluntary disclosure of any discussion or patient care information, except to persons authorized to receive it.
4. I agree to discuss confidential information only for job related purposes and to not discuss such information within hearing of other people who do not have a need to know about the information.

I, (Name) _____, hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the Medical Health Unit may pursue disciplinary action up to and including my termination.

Signature/Title: _____ Date: _____

Witness Signature/Title: _____ Date: _____