



PATIENT AND FAMILY ADVISORY COUNCIL

STATEMENT OF CONFIDENTIALITY

I understand and agree that in the performance of my duties at Capital Health, I must hold patient, employee, committee, peer review, and all other business operation information in confidence. This includes any confidential information I may come across in the line of duty or inadvertently, regardless of how it is presented to me (hard copy, verbal, audio, or electronically generated or stored). I also understand Capital Health information is only accessible to fulfill the obligation needed to plan, provide, complete, and document the service provided. I understand that I agree to participate in Capital Health's Patient and Family Advisory Council. The purpose of my participation on this committee is solely to assist Capital Health in improving its patient care experience and delivery of health care services to its community

Upon the termination of my relationship with the Patient and Family Advisory Council (PFAC), I agree to promptly surrender and deliver any documents, records, notes, or other confidential information to the Patient and Family Advisory Board.

I understand this data and information is confidential and proprietary and protected by law. I agree as a part of my participation on this committee that I will not use or disclosure in any manner this information outside of the committee. I also understand that should I use or disclose this information outside of the committee I may be subject to applicable legal penalties

I have read the above CONFIDENTIALITY Statement and agree to its terms and conditions.

Print Name _____

Signature _____

Date _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____