



GEORGIA
SOUTHWESTERN
STATE UNIVERSITY

School of Nursing

Confidentiality Statement

In accordance with the Law (Official Code of Georgia, Annotated, Sections 37-3, 37-4, 37-7) every patient's right to confidential treatment must be protected.

As a student and/or provider of care, I understand that the patient's right to privacy must be protected and treatment must remain confidential. While providing care, I may become knowledgeable of certain patient related information. This information may include patient identity, information related to a patient's treatment, diagnosis, or to other services received.

I understand that at all times:

I am restricted from discussing or transmitting any information pertaining to a patient with anyone other than GSW School of Nursing faculty, clinical instructors, or agency personnel directly responsible for the patient's care. I understand this includes other students outside of post conference. Personally identifying information is any information which is readily used to identify a particular patient including but not limited to: name, address, room number, diagnosis, social security number, physical description, names of family members, and photographs I further understand that if I discuss patient information I subject myself to civil liability and may be subject to a failing course grade and dismissal from Georgia Southwestern State University School of Nursing.

Signature

Date

Printed Name

Return via EMAIL to nursing@gsw.edu or FAX 229-931-2288