

<b>JOHNS HOPKINS UNIVERSITY STUDENT HEALTH &amp; WELLNESS CENTER POLICY &amp; GUIDELINES MANUAL</b>	<i>Document Number</i>	
<i>Subject:</i> <b>OATH OF CONFIDENTIALITY POLICY</b>	<i>Created</i>	4/23/99
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**POLICY:**

Patient confidentiality will be maintained at all times in the Student Health and Wellness Center except when there is a legal obligation to disclose information, or under circumstances in which the student is a threat to himself/herself or to others.

**PURPOSE:**

To document that all employees are aware of the importance of patient confidentiality

**PROCEDURE:**

Oath of Confidentiality, as written below, is given to all new employees at the Student Health and Wellness Center.

I, the undersigned, hereby agree not to divulge any information or records concerning any client/patient without proper authorization, in accordance with Maryland Law, Section 4-302.

I understand that divulgence of confidential information may lead to legal and /or disciplinary action which may include dismissal from the Student Health and Wellness Center.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date