



## Acknowledgement of Patient Confidentiality Policy

I, \_\_\_\_\_ have received a copy of OSF Saint Francis Medical Center policy number 105, Confidentiality. I have read and fully understand the policy and realize that breach of this policy will hinder further educational opportunities within OSF Saint Francis Medical Center and its affiliated facilities.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)