

***Lake Superior College***  
***Allied Health & Nursing Division***

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**Confidentiality Statement**

I, \_\_\_\_\_, agree to adhere to the professional standards of  
(Print name)  
confidentiality while in Allied Health and Nursing programs at Lake Superior College. I understand the unique and personal nature of patient care that is involved in the education of allied health and nursing students and fully intend to safeguard the privacy of all patients for whom I give care, as well as their families. I will not disclose information about my patients, their families, volunteer models or fellow students that may be obtained during my studies. I understand that this confidentiality is essential in healthcare. Furthermore, I understand that any violation of confidentiality is unacceptable and may result in my dismissal from the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date