



**Lifespan**

**Lifespan Confidentiality Statement**

I, \_\_\_\_\_, agree that I will not divulge  
\_\_\_\_\_ (Affiliate Name) information to any  
unauthorized person for any reason. I will not directly or indirectly use or allow the  
use of \_\_\_\_\_ (Affiliate Name) information for any purpose  
other than that associated with my official assigned duties. I understand that All  
Patient Information including financial information is strictly confidential.

Furthermore, I will not discuss with any unauthorized person the nature or  
content of any \_\_\_\_\_ (Affiliate Name) information.

I understand that signing this document does not preclude me from reporting  
instances of breach of patient confidentiality.

Signed \_\_\_\_\_ Date \_\_\_\_\_