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### CONFIDENTIALITY STATEMENT

I understand that in the case of my employment in the Sports Medicine Department, I may have access to confidential medical information concerning student-athletes. I understand that this information has been obtained and recorded for the purpose of medical treatment.

I agree that I will use this information only for the purpose of my job responsibilities and that under NO circumstances will I disclose any information about any student-athlete at Kutztown University to non-Sports Medicine personnel . This includes, but is not limited to the following: any information overheard during the receiving of service, received during telephone communication, and/or read during the filing process.

I understand that violation of this policy may result in disciplinary actions, including immediate dismissal and a violation of the Student Code of Conduct, resulting in judicial charges. I agree that if I have any questions about this policy, I will consult with the Director of Sports Medicine.

\_\_\_\_\_  
Employee Name ( *please print* )

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

student confidentiality form.doc  
Last updated 8/2008