

**STATEMENT OF CONFIDENTIALITY FOR CREIGHTON STUDENT  
EMPLOYEES**

I, the undersigned student employee, understand and acknowledge that all information I come in contact with relating to student, patient or employee files, paper or electronic, while working for Creighton University or it's off site partners, including the CHI Health Creighton Medical Center, will be held in strict confidence.

Accessing such information for personal use, allowing another person access, or divulging such information is cause for disciplinary action, including termination of employment and a hearing before the University Disciplinary committee.

Employee Printed name: \_\_\_\_\_ Net ID: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employing department: \_\_\_\_\_

**This signed statement is to be kept in departmental files.**