



LOMA LINDA UNIVERSITY

Confidentiality Statement

As an employee of Loma Linda University, I understand that I will have access to private and confidential information about patients, employees, and University business. This may include but is not limited to, medical records or other patient information, computer system data, financial information, personnel information and medical staff information. I may also participate in meetings and committees to discuss and review confidential documents, issues, and information. I understand that I have a responsibility to protect all such information from improper or unauthorized disclosure and I agree to maintain the confidentiality of all records, files, discussions, deliberations, and any and all other confidential information in accordance with Loma Linda University policies, procedures, and guidelines.

If I have any questions about the confidentiality of any information or whether or not certain information may be disclosed, I agree to obtain appropriate administrative approval prior to any disclosure.

I also agree and understand that the unauthorized possession, use, or dissemination of confidential information is considered grounds for discipline, including immediate termination of employment.

Signature

Date

Name (Please Print)

LLU ID Number