

# CONFIDENTIALITY STATEMENT

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As a Health Care Aide student of MTG Healthcare Academy, I understand that I must maintain the confidentiality of all information I have obtained concerning patients, staff, doctors and volunteers.

In order to uphold confidentiality, I hereby agree to refrain from discussing or disclosing any information regarding my patients, staff, doctors and volunteers outside the clinical setting, nor discuss a case in public where they could be overheard, nor leave records unattended where they may be read by others to any person except those specially authorized to receive such information or as is required by law.

## Our Locations

### + Calgary Campus

403 264 2009 | 403 992 7611  
Fax: 587 352 2049

1324 36 Avenue NE  
Calgary, Alberta | T2E 8S1

### + Red Deer Campus

403 264 2049 | 403 986 0684  
Fax: 403 986 4815

4811 48 Street  
Red Deer, Alberta | T4N 1S6

### + Edmonton Campus

780 863 8236  
Fax: 780 434 8328

6920 Roper Road NW  
Edmonton, Alberta | T6E 0A8

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Student Name

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Date

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Student Signature

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ID #

NOTE: The function of this statement is to make a confidentiality agreement with students only.