

University of Maryland, School of Dentistry

Confidentiality Pledge

I recognize that the following information is confidential:

The ***name or any other personally identifiable information*** (such as Social Security) which could identify an individual who is/has been:

- An applicant to or patient of the UMSOD
- A participant in the Plus Clinic program that targets persons with an infectious disease or at high risk for an infectious disease.
- Any information that could be used to identify the disease status of an individual participating in a UMSOD program or clinic.

I will not disclose or discuss any client-specific information with others, except as required to fulfill the responsibilities of my position.

I will follow the established policies of UMSOD to maintain confidentiality. The confidentiality of this information survives the termination of your contracted relationship status with UMSOD.

I understand that failure to follow the established policies and procedures, in order to protect confidential information known to me as a result of my work at or with UMSOD, will result in disciplinary action, up to and including, dismissal from my position. It may also result in civil liability and/or criminal prosecution, as outlined and stated in the federal, state, local and UMSOD laws and policies.

UMSOD personnel or contracted personnel agree to comply with all state and federal laws applicable to the use of this confidential patient information. I attest to the fact that I have read, understand and agree to abide by the terms of this statement and the University of Maryland, School of Dentistry's policies on confidentiality of patient care information.

☐ I agree.

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