

have entered into an agreement to provid Individual may have access to confidenti	Individual"), and McLaren Port Huron ("MPH") le an educational experience, through which al information (oral, written, visual, or computer ilable to the public at large) about patients of MPH,
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	concerns of MPH, Individual agrees that he/she shall h he/she becomes aware, in the truest confidence, as
It is further understood and agreed that any unauthorized disclosure, copying and/or misuse of Confidential Information is a serious breach of duty and will result in termination of this agreement.	
	ults in civil litigation or criminal fines or penalties, it held responsible fore these costs, fines and attorney
• •	obligation under this agreement or about MPH lentiality, I understand that I may direct my appliance Officer at 810.989.3443.
I have read this Confidentiality Agreement and agree to its terms.	
Date Ind	ividual (Print)
Sig	nature of Individual
Par	rent or Guardian Name – if a Minor (Print)
Par	rent or Guardian Signature

Hospital/Facility Department Representative