## Best Nurses, Inc.

## **Confidentiality Waiver**

I have been formally instructed in maintaining the confidentiality of the medical information I am subjected to while working a nursing shift.

I have been advised that, except as needed to conduct the business of the day, the medical information may not be discussed with anyone either inside or outside the office or the medical facility in which I work.

It is my understanding that such discussion is cause for dismissal.	
Print Name	
Signature	 Date