

**WALLACE COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM
CONFIDENTIALITY FORM**

I understand that all agency and client information (including, but not limited to, client records, phone calls, client information, administrative or staff conversations and meetings, personnel files, agency manuals, policies, procedures, and correspondence) is confidential. No information regarding the above is to be taken out of any agency. Any infraction of the above will result in immediate dismissal from the program and possible legal proceedings.

Printed Student Name

Date

Student Signature

Student ID Number