

M.A.S.H. Camp Confidentiality Acknowledgment

I understand that in the course of my M.A.S.H. Camp experience, I may learn things of a confidential nature. I agree to keep all information heard directly or indirectly concerning a patient or hospital personnel confidential. I also agree not to disclose information concerning a patient, nor offer patients or family's advice or opinions. I will respect all patients' rights.

Applicant Signature	
Date	