

Patient / Client Confidentiality

I, _____ hereby agree to
Your Name/Applicant/Employer Name
treat and keep all personal and medical information on Nurse day and Night., and/or its patients/clients, confidential. Furthermore, I will agree not to release any information to any outside organization or agency without the approval of the patient/client, or as required by law or third-party payment contract.

Employee/Contractor's Name

Signature

Date

Agency Representative

Signature

Date

Acknowledgement

I acknowledge that I will provide the following documents before the date of my interview or employment.

- ☐ Documents provided by the applicant
- ☐ Professional Certification
- ☐ Physical Exam (included: PPD/Chest X-Ray & MMR)
- ☐ First Aid/CPR
- ☐ Social Security Card/Passport
- ☐ Driver's License/State ID
- ☐ Tax ID Letter and EIN
- ☐ Criminal Background Check Report
- ☐ Covid 19 Vaccination Card or letter of exemption
- ☐ Others (Please specify) _____

Applicant/Contractor's Name

Signature

Date

Agency Representative

Signature

Date