



**STATEMENT OF CONFIDENTIALITY  
FOR CREIGHTON STUDENT EMPLOYEES**

I, the undersigned student employee, understand and acknowledge that all information I come in contact with relating to student, patient or employee files, paper or electronic, while working for Creighton University or it's off-site partners, including, but not limited to the CHI Health clinics, pharmacy and Creighton University Medical Center, and our community service partners, will be held in strict confidence.

Accessing such information for personal use, allowing another person access, or divulging such information is cause for disciplinary action, including termination of employment and the discipline process outlined in the Creighton University student handbook.

Employee Printed name: \_\_\_\_\_

Net ID: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employing department: \_\_\_\_\_

Please keep a copy of this signed statement in departmental files. For Federal Work Study Students, please send a copy of the signed statement to the Student Employment Office.

Student Employment Office  
Suite 1100 Harper Center  
[StudentEmployment@creighton.edu](mailto:StudentEmployment@creighton.edu)