

Indiana University
School of Optometry

Statement of Confidentiality

I understand that my assignment in the School of Optometry may entail working with student, patient, and perhaps staff records as well as other materials which are of a confidential nature. I further understand that I am not to look up or disclose/release any information on an individual without the permission of my immediate supervisor. I understand that any misuse of *any* confidential information will be sufficient reason for immediate termination as well as additional penalties imposed by Indiana University.

Employee

Date

Optometry Representative

Date