



FYZICAL[®]

Therapy & Balance Centers

CONFIDENTIALITY STATEMENT

I, _____, wish to participate in the job shadowing program that will provide me with the opportunity to follow New Day Wellness, LLC dba Fyzical Therapy & Balance Centers Gainesville/Chiefland personnel as they perform some of their daily activities. I understand that I will have access to information about patients that is highly confidential and personal, and I also understand that the confidentiality of that information protected by state and federal law. I agree not to disclose to any person the identity of any patient I may see and not to otherwise discuss or disclose any information I may receive directly or indirectly, regarding the reason for any patient's admission or any treatment they may receive.

Printed Name _____

Signature _____

Date _____