



**Northern Nevada Public Health**  
**OATH OF CONFIDENTIALITY**

I \_\_\_\_\_, Print Name agree to keep confidential all information pertaining to persons receiving services at Northern Nevada Public Health (NNPH). I agree not to remove any confidential files from the NNPH premises or to disclose any confidential information to unauthorized persons including, without limitation, friends, family, acquaintance, or the news media. In signing this oath, I understand that unauthorized disclosure of client or any confidential information may result in disciplinary action and /or personal civil liability for damages.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date