Hartwell Family Practice, P.C.

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Date_____

I, _____, agree not to disclose any information that I have access to regarding any patient's chart at Hartwell Family Practice, P.C. I will respect and honor the confidentiality terms that apply to all medical records. The medical records belong to the patients and their physician(s) and the law states that anyone found revealing information will be prosecuted.

Hartwell Family Practice, P.C. reserves the right to prosecute any violators to the greatest extent the law provides.

_____

Signature Date

_____

Witness Date