



**Miami-Dade County Health Department
Public Health Preparedness Program**
8175 NW 12th Street Suite 301
Miami, Florida 33126

MIAMI-DADE COUNTY MEDICAL RESERVE CORPS CONFIDENTIALITY OF INFORMATION FORM

This application form is a legal document. **We do not accept application forms by fax or E-Mail.*

Due to the nature of services that the Miami-Dade County Medical Reserve Corps (MRC) provides, you may process information that is confidential and not public record. For that reason, you are asked to sign a confidentiality statement indicating that you will keep information to which you have access, confidential and not discuss it with anyone other than the staff person with whom you are working.

CONFIDENTIALITY PLEDGE

I, _____ certify that I have read the statement below and agree to comply with the terms.

I realize that as a volunteer with the Miami-Dade County Medical Reserve Corps, I may acquire knowledge of confidential information from files, case records, missions, conversations, etc. I agree that such information is not to be discussed or revealed to anyone not authorized to have such information.

Date: _____

Name: _____

Signature: _____