



**Public Health**  
Prevent. Promote. Protect.

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**Champaign-Urbana Public Health District**

## **Confidentiality Statement**

As an employee of Champaign-Urbana Public Health District, I may have access to confidential information concerning clients/customers who are served by the health district. I hereby acknowledge that all information regarding clients is to be kept in strict confidence and used only for job-related purposes.

Further, I acknowledge that a violation of this policy may result in disciplinary action up to and including termination.

Employee  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_