



### **Confidentiality and Privacy Oath**

As a student in the DePaul Speech Language Pathology Program I,

\_\_\_\_\_ promise to hold confidential any verbal, electronic, written information received through observations or direct contact that is about, individuals or groups of individuals who are recipients of our services and are fellow colleagues in my academic program. I further promise to uphold in good faith ethical obligations expected by DePaul University and the Speech Language Pathology Program concerning privacy, rights, and respect of all information related to individuals who are part of the learning experience, clinic services, including personal information, health information, or data.

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Date \_\_\_\_\_