

Healthcare Compliance Declaration for Interns

Date: [Insert Date]

To Whom It May Concern,

I, [Intern's Name], hereby declare that I understand and commit to adhering to the healthcare compliance policies of [Organization Name]. I acknowledge that my internship role requires me to follow all regulations, guidelines, and ethical standards set forth by the organization and relevant governing bodies.

As an intern, I agree to maintain confidentiality regarding all patient information and to report any compliance issues or breaches of policy that I may encounter during my internship.

By signing this declaration, I affirm my commitment to upholding the integrity of the healthcare system and to providing safe and compliant care under the supervision of my mentors at [Organization Name].

Sincerely,

[Intern's Name]

[Intern's Contact Information]