



## CONFIDENTIALITY AGREEMENT

I understand that The Wayne State University School of Medicine has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my Orientation to the Wayne State University School of Medicine, I may see or hear other Confidential Information such as patient data that the Wayne State University School of Medicine and its affiliates are obligated to maintain as confidential.

As a condition of my participation in New Student Orientation activities, I understand that I must sign and comply with this agreement.

By signing this document I understand and agree that:

I will not disclose Patient Information and/or Confidential Information.

I will not access or view any information other than what is required to participate in New Student Orientation. If I have any questions about whether access to certain information is required for me to see or hear, I will immediately ask my faculty rounder for clarification.

I will not discuss any information pertaining to patients in an area where unauthorized individuals may hear such information (for example, in hallways, with family members, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any patient information in public areas even if specifics such as a patient's name are not used. This includes using confidential information in presentations, reports, or publications of any kind.

I will not make inquiries about any patient information from any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of Patient Information, including patient schedules, medical

records, or similar documents. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Patient Information or Confidentiality Information from hospital affiliates of the Wayne State University School of Medicine computer system to unauthorized locations.

I understand that violation of the Agreement may result in disciplinary action, up to and including referral to the Professionalism Committee of the Wayne State University School of Medicine and possible dismissal.

I understand that any Confidential Information or Patient Information that I access or view does not belong to me.

I have read the above agreement and agree to comply with all its terms as a condition of participating in New Student Orientation at Wayne State University School of Medicine.

\_\_\_\_\_  
Signature of incoming freshman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

Return via fax or mail: (please note it is not necessary to call to verify receipt)

313-577-0361 (fax)

Office of Student Affairs  
Room 1369 Scott Hall  
540 E. Canfield  
Detroit, MI 48201

