

Student Non-Disclosure Agreement

Important: Please read all sections below. If you have any questions regarding this agreement, please see the Office Manager or the doctor before signing it. You will receive a copy of this agreement for your own records.

Disclosure of Patient/Provider Information

The student recognizes and acknowledges: that all aspects of this practice and this staff=s relationship to patients, including all services and treatments provided to them by the doctor and his staff, are confidential and that to enable the doctor and his staff to perform those services, patients furnish confidential information concerning their medical conditions, personal and family affairs: that by reason of the student=s presence, the student may come into possession of information concerning this relationship including the treatment and services provided by the doctor and his staff to his respective patients and the information revealed by or on behalf of such patients to the student even though the student does not take any direct part in the treatment and services to the patient.

The student accordingly agrees that he or she will not, at any time during or after his or her student clerkship with the office disclose any of this relationship including treatment, patient financial information, services or information to any person whatsoever regarding any patient of the office. Nor will the student permit any person to examine or make copies of any documents under his or her possession or control, that have in any way to do with the patients of the practice.

I understand it is my responsibility to maintain this information as confidential and that I may not:

- 1) Disclose this information to others who do not have a business or patient care need for the information;
- 2) Access information which is not necessary for the performance of my assigned activities;
- 3) Act in a manner that would allow third parties without a business or patient care need to gain access to this information;
- 4) Use this information in a manner inconsistent with my assigned activities; or
- 5) Use this information for any purpose other than for the purpose for which it was provided to me.

Student recognizes that the disclosure of such information by the student may give rise to irreparable injury to the patient or the owner of such information and that accordingly, the patient or the owner of such information may seek legal remedies against the student, which may be available.

The student also recognizes and acknowledges that all aspects of and materials regarding practice management are the intellectual property of the doctor and as such are covered by the same rules as patient confidentiality and non-disclosure. The student understands that office specific materials are not to leave the premise

The student further understands that breach of this agreement may constitute grounds for immediate action and any appropriate legal remedies in the future.

Student Signature

Date