

Policy # HR 0206 C	Policy Title: Confidentiality Agreement	Attachment 3 Page 1 of 1
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CONFIDENTIALITY AGREEMENT

Welcome to the Detroit Medical Center. As part of your orientation to the Medical Center's policies and procedures, please carefully read the following about confidentiality.

While at , you may come in contact with written information about patients, such as medical records; laboratory tests results, x-rays and the like. In addition, you may hear people talking about patients and their conditions. This information is confidential, and it must not be disclosed except to those people who are authorized to know by hospital policy or procedure. You may learn about a patient during the shadow experience at the Detroit Medical Center, including the simple fact that a person is a patient at the hospital. This information is protected health information (PHI) and is required to be kept confidential under the laws of the United States. You may not discuss this information with family or friends even if the information is about them. Patients expect the facility to keep medical information confidential and you are expected to abide by the facility's policies and procedures.

Other information, such as proprietary data about the facility's operations, incident reports, material designated as "Peer Review" by the Medical Staff, information concerning lawsuits in which the facility is involved, and other similar information should also be treated as confidential and not disclosed to others.

Please read the following and sign below indicating your understanding and agreement to follow these instructions:

**I agree that I will hold PHI and proprietary data in the strictest confidence and will NOT:**

- Reveal to anyone the name or identity of a patient.
- Repeat to anyone any statements or communications made by or about the patient.
- Perform any direct or indirect patient care.
- Review any medical records of patients.
- Have my cell phone turned on or use my cell phone at any time during the shadow experience.
- Record or photograph any part of the experience.

\_\_\_\_\_  
Shadow Student Signature

\_\_\_\_\_  
Parent/Guardian Signature (if student is a minor)

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

\_\_\_\_\_  
Date