

# Medical Student Patient Information Confidentiality Agreement

This Confidentiality Agreement ("Agreement") is entered into by the undersigned medical student participating in clinical rotations, internships, observerships, or other educational activities at

## 1. Confidentiality Obligation

I understand that in the course of my educational activities, I may have access to confidential patient information, including personal, medical, and financial records. I agree that:

- I will keep all patient information strictly confidential.
- I will not discuss, disclose, or transmit patient information in any form, except as required for educational purposes and only with authorized personnel.
- I will comply with all applicable laws, institutional policies, and ethical standards governing patient confidentiality and privacy, including but not limited to HIPAA (if applicable).

## 2. Security Measures

- I will not access patient information without proper authorization.
- I will not share my login credentials or allow others to access patient information using my identity.
- I will securely dispose of any notes or documents containing patient information when no longer needed.

## 3. Duration

This obligation of confidentiality survives the completion of my educational activities and remains in effect indefinitely.

## 4. Acknowledgment

- I acknowledge that violation of this agreement may result in disciplinary action, including termination from the educational program, and possible legal consequences.
- I certify that I have read, understood, and agree to abide by the terms of this Confidentiality Agreement.

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Medical Student Name: Signature: Date:

Witness Name: Signature: Date: