University of Oklahoma
Confidentiality Agreement

I understand that I may, during the course of my visit to the University of Oklahoma, College/Department of ____________, hear or come into contact with confidential financial and patient information of both a medical and personal nature. Therefore I, the undersigned, do hereby affirm that I will:

1. Protect and safeguard this confidential information from any oral and/or written disclosure and will not disclose any personal, medical, financial, or related information to third parties, including family members, other students or faculty members, or other health care providers.

2. Will not view or copy patient schedules, procedure schedules, patient medical records, or similar documents, except as specifically allowed by the University of Oklahoma. I may not use any confidential information in presentations, reports, or publications of any kind without the University of Oklahoma’s prior written approval.

3. Not release confidential information from any medical record source to any unauthorized person while at the University of Oklahoma or after completing my visit.

4. Restrict my own access to confidential information, if any, to that information which is essential to the proper completion of my responsibilities while visiting the University of Oklahoma.

I understand that all University of Oklahoma policies on confidentiality apply equally to information stored on paper records and to that stored electronically or on any other media.

Finally, I understand that any misuse of information found in the patient’s medical record or violation of the principals of patient confidentiality, whether intentional or due to neglect on my part, will be grounds for immediate exclusion from future participation in programs sponsored or held by the University of Oklahoma.

Student’s Name: ____________________________________________
(Please Print Full Name)

Signature: ____________________________________________
Student’s (or legal representative if Student is minor) Signature Date

Date(s) on campus

Affirmed and Signed before me: ___________________________
Witness/Manager’s Signature Phone Extn. #

On this _____ day of ________________________, 20__.