
CONFIDENTIALITY AGREEMENT

By reading and signing this Statement, I agree and acknowledge the following:

1. I may come into contact with other persons' educational, medical, financial, educational and/or other personal information;
2. This information, whether oral or recorded, is considered to be private and confidential under Federal and state laws and under University of South Carolina policy;
3. I have a duty to follow adequate safeguards for the protection of other persons' medical, private, and/or educational information, which includes proper disposition of records and proper protection of my password and of my workstation;
4. I will not use or disclose any form of another person's medical, personal, and/or educational information, whether written, oral, recorded electronically, heard, seen, or memorized to anyone outside the Department, except as specifically authorized;
5. It is a violation of Federal and state laws and the University of South Carolina policy to repeat or to release another person's medical, personal, and/or educational information, without the express written permission of the person;
6. If I am in doubt about whether it is appropriate to share, use, or disclose another person's medical, personal, and/or educational information, I will consult with my supervisor;
7. Failure to abide by this Confidentiality Statement could result in my termination, dismissal, expulsion, or suspension from the Athletic Training Program, and/or Department of Exercise Science, as well as the University of South Carolina.
8. This statement will be maintained in any file pertaining to me and may be used as evidence by anyone, including law enforcement, in the event that I violate the policies, procedures, or practices of the Department or if I use or disclose another person's individual's medical, private, or educational information without valid authorization.

ATHLETIC TRAINING STUDENT VERIFICATION

I have received, read, and reviewed the AT Program Policy and Procedures listed above for Confidentiality while participating in the AT Program. I understand that I have access to this document and all other Policy and Procedures for the AT Program through Blackboard at any time during my tenure within the AT Program. I understand that violations related to confidentiality of educational and medical records could result in removal from a clinical education site and failure of the corresponding clinical class, as well as possible dismissal from the AT Program. If I need any additional information regarding the confidentiality policy, I will contact the program director or clinical coordinator.

Date: _____

Signature, Athletic Training Student

Name, Athletic Training Student (Print)

Signature, Parent/Guardian
(If student is under 18)

Name, Parent/Guardian (Print)

