CONFIDENTIALITY AGREEMENT

As a student in the athletic training program at Lindenwood University, I understand that Lindenwood University and all affiliated sites have the legal and ethical responsibility to safeguard the privacy of all students (and patients) and protect the confidentiality of all student (and patient) information.

- I understand that I may come into the possession of confidential information, and I must comply with all confidentiality requirements provided under, but not limited to, HIPAA, FERPA, the Individuals with Disabilities Education Act, and Section 504 of the Rehabilitation Act of 1973.
- I understand and agree that in the performance of my clinical responsibilities at Lindenwood University and all affiliated sites, I must hold medical, physician, student, and employee information in confidence. This includes any and all information that I may come across in performing my duties regardless of how it is presented to me (printed, written, spoken, computerized, facsimile, etc.).
- I understand and agree that I will only access information that is required to perform my duties or for educational purposes as approved by the site supervisor at Lindenwood University or any affiliated site. I will not remove student, athlete, or patient data/forms from Lindenwood University or sites affiliated with the Athletic Training Program at Lindenwood University.
- I understand and acknowledge that disclosure of patient information, intentional or unintentional, unless authorized by law, may result in disciplinary action including termination from the program and dismissal from the University.
- I understand that I must sign and comply with this Confidentiality Agreement in order to actively participate in the clinical aspect of the program.
- I understand my duty of confidentiality continues indefinitely. I understand that I am required to maintain confidentiality regardless of my continued participation in a clinical rotation or within the Lindenwood University Athletic Training Program.

Applicant Name:

Applicant Signature: Date: