



Intern/Job Shadow/Students Confidentiality and Privacy of Information

I understand and agree that, during the course of my shadowing or intern experience, or clinical rotation at MercyOne – Central Iowa, I may have access to patient and/or employee information that is confidential in nature.

I agree that all medical and personal information concerning patient care and information relating to employees will be held in confidence. Discussion about patient/resident care or employees will be confined to areas designated by the staff member that I am working with. I understand that if I am required to submit a report or participate in discussion following my experience, that I will not reveal any information that could identify a patient/resident or employee.

No copies of records or patient-identified information or employee information will be removed from the facility.

I understand that disregard for the above requirements may result in the loss of opportunity for any further shadowing or educational experiences at MercyOne – Central Iowa.

Signature

Date

Signature of witness

Date