

**UNIVERSITY OF MARYLAND MEDICAL SYSTEM**  
**CONFIDENTIALITY OF INFORMATION STATEMENT**

As a student/scholar receiving clinical educational experience at University of Maryland Medical System or any other entity associated with University of Maryland Medical System or any subsidiary or affiliate thereof (hereinafter, collectively referred to as “University Providers”), I understand that I may be exposed to confidential information during my participation in the observational/educational program. Some of this information may concern patients being treated at University Providers or it may concern the operation of University Providers. I understand that patient information does not belong to me and that I am only permitted to access patient information to the extent permitted by my program mentors/supervisors. I also understand that all medical and personal information regarding patients is confidential and shall not be revealed or discussed with other patients, friends or relatives, or anyone else within or outside of University Providers.

I also understand that other information regarding the operation of University Providers is confidential. This confidential information concerns, but is not limited to, employees, financial operations, quality assurance, utilization review, risk management, research, contracting, procurement and credentialing of staff. I understand that I am only authorized to access this information if required by my University Provider mentors. This information should not be discussed with others within or outside of University Providers, except as authorized by my University Provider supervisors/mentors.

I also understand that I may be given access codes to University Providers computer systems. I will safeguard the security codes given to me. I acknowledge that I am strictly prohibited from disclosing my security codes to anyone, including my family, friends, fellow workers, supervisors/mentors, and subordinates for any reason.

I understand that I may use my access security codes as authorized by my University Provider mentors/supervisors only. I agree that I will not use anyone else’s security codes to obtain access to any computer systems of the University Providers. I understand that I will be held accountable for all work performed or changes made to the systems or databases under my security codes and that I am not to allow anyone else to access the computer systems using my security codes.

By signing below, I understand and agree to abide the obligations of this Confidentiality Agreement and University of Maryland Medical System and University Provider’s policies and procedures related to Privacy, Information Security/Information Technology and Confidentiality. I further understand that failure to comply with this statement regarding the confidentiality of information may be cause for termination of my participation in the observational/educational program and may also result in possible legal action by any patient or other person injured by my breach of this statement.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Visiting Student

I participate in an educational program at: \_\_\_\_\_  
(insert name of academic institution)

I am receiving clinical experience in furtherance of an educational program at (circle one):  
UMMC Downtown                      UMMC Midtown