

HIPAA Agreement
Confidentiality Agreement

I _____, a student from Marywood University's Coordinated Program (CP) will be participating in a non-paid internship experience. As part of the CP experience, I may become aware of confidential information relating to clients, vendors, employees, and programs providing or receiving services from the department / facility.

I agree that:

1. I will not release confidential information that I become aware of to any individual organization outside the department or facility.
2. I will provide my CP preceptor with a copy of any written reports, summaries, critiques, or verbal presentations containing information received during the internship prior to its release to the university staff.
3. This Confidentiality Agreement is intended to be perpetual and will continue beyond the period of the internship.

Witness Signature

Student Signature

Date

Date