



## CONFIDENTIALITY AGREEMENT

As a condition of my participation as a Learner in an **observational or supervised clinical** placement being provided to me by Hamilton Health Sciences,

I \_\_\_\_\_ (*print name of learner*) hereby declare that I will abide by the policies, procedures and expectations of confidentiality in my interactions with people, materials, records, ideas, and discussions as outlined in the Hamilton Health Sciences Policy and Procedures regarding Confidentiality in the Workplace. I understand that I am ethically bound to keep all information confidential and to treat patients and staff members with dignity, which includes treating their information with discretion and confidentiality.

My signature below confirms my commitment to uphold the expectations, policies and ethical practice of confidentiality in all of my involvement with Hamilton Health Sciences. This includes any information I may be privy to regarding patients, patient-related discussions, patient-related records, and/or plans for patient care.

Signature of Student: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

Date: \_\_\_\_\_