

MANCHESTER UNIVERSITY
STUDENT
CONFIDENTIALITY AGREEMENT

All Student Health Assistants, Peer Educators & Athletic Training Students (or others who will be exposed to “PHI”) must sign the following Confidentiality Agreement before any confidential information may be disclosed to them:

I acknowledge that in the course of my service as a Health Assistant, Peer Educator and/or Athletic Training Student at Manchester University, I will be exposed to personal, medical and/or other confidential information (Hereinafter “Protected Health Information” or “PHI”). In consideration of the PHI disclosed to me, I acknowledge and agree:

- That PHI is recorded and obtained for the purpose of medical treatment of the patient and is strictly confidential.
- To use PHI only in performance of my official responsibilities
- That I will not release PHI to any unauthorized person(s)
- I will not tamper with, alter, or destroy PHI from any medical record within the retention period.

I understand that violation of this policy may end my assignment as a Student Health Assistant, Peer Educator and/or Athletic Training Student.

Signed: _____

Date: _____

Witness: _____