



Medical Confidentiality Agreement for Senior Athletic Training Students

As a senior Athletic Training Student (ATS) I understand I will be doing general medical observations with the Engle Health Center Physicians and College students and I agree to keep medical information regarding those observations strictly confidential.

Specifically, this means that I may not:

- discuss or disclose any student's health problems, medical information, treatment procedures, or records with other students or medical personnel except the treating physicians in the health center.

I understand that this educational experience is a requirement of the Athletic Training Program and helps to meet specific general medical requirements and that the Health Center Personnel and Physicians determine which patients may be observed and when.

I, the undersigned, have read and understand the terms of confidentiality and participation and agree to abide by them. I further understand and agree that failure to comply may result in a cessation of the observation privilege and dismissal from the Athletic Training Program.

Student Name (print): _____

Student Signature: _____ Date: _____
(month/day/year)

Course Instructor Signature: _____ Date: _____
(month/day/year)

Program Director Signature: _____ Date: _____
(month/day/year)