



CONFIDENTIALITY STATEMENT

I, the undersigned, agree to the following terms and conditions while on Kaleida Health (“Kaleida”) premises:

- (1) I understand that I am only allowed to observe procedures and that I have no authorization to participate in any medical procedure of any type, in any capacity.
- (2) I will be accompanied at all times by a Kaleida representative.
- (3) I will not access medical records or any other records, regardless of media or format, that contain the protected health information of Kaleida patients or Skilled Nursing Facility residents.
- (4) I will not access Kaleida’s network or computer system.
- (5) In the event that confidential information is incidentally disclosed to me, I will take all necessary and appropriate steps to safeguard and keep this information confidential. Confidential information includes, but is not limited to:
 - All proprietary information,
 - Patient information of, or maintained by, Kaleida,
 - Reports, analyses, compilations, studies or other documents or records based on or derived from confidential information.

Confidential information does not include:

- Information that becomes generally available to the public,
- Information that was previously available to me on a non-confidential basis,
- Information that becomes available to me on a permissible non-confidential basis from any source other than Kaleida.

I understand that any breach of this Agreement will result in my immediate removal from Kaleida Health premises.

<p><u>Please check only one:</u></p> <p><input type="checkbox"/> Medical or dental staff observation</p> <p><input type="checkbox"/> Clinical observation</p> <p><input type="checkbox"/> Non-clinical observation</p> <p>If you are a student, please indicate what type of student, i.e. PT, RN, NP etc.: _____</p>	<p><u>Individual (shadower):</u></p> <p>Signature: _____</p> <p>Print name: _____</p> <p>Date: _____</p> <p>Are you a Kaleida Health employee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Kaleida Health Sponsor (a sponsor must sign):</u></p> <p>Signature: _____</p> <p>Print name: _____</p> <p>Facility: _____</p> <p>Title: _____</p>	<p><u>Parent or Guardian of Minor if shadower is under 18 (shadower must be at least 17):</u></p> <p>Signature: _____</p> <p>Print name: _____</p> <p>Date: _____</p>