

INTERNSHIP Confidentiality Agreement

Student Name:	Age:
Mailing Address:	
Parent/Guardian Phone:	Parent/Guardian E-mail:

Mentor's Name:	Business Name:
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I understand that I may have access to confidential patient/client information and confidential information about the business and financial interests of my mentor (referred to as “Business Partner” in this Agreement). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future Business Partner policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by the Business Partner policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else’s authentication code or device, password, key card, or identification badge. I agree not to allow any other person to have access to the Business Partner’s information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the Business Partner’s information system or records.

I agree that my obligations under this Agreement continue after my employment or my time as a volunteer/employee/intern ends.

I agree that, in the event I breach any provision of this Agreement, the Business Partner has the right to reprimand me or to suspend or terminate my employment or volunteer status with or without notice at the discretion of the Business Partner, and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if the Business Partner prevails in any action to enforce this Agreement, the Business Partner will be entitled to collect its expenses, including reasonable attorney’s fees and court costs.

Student Signature Date

Parent/Guardian Signature Date

Parent/Guardian Name (Please Print)