Confidentiality Acknowledgement

Participation in the Life’s a Lab Reality Science Camp that is in partnership with Bellin College is a unique experience. You will be shadowing professionals in a variety of clinical settings and seeing patients with a variety of medical issues. You may see and hear confidential information pertaining to these patients.

It is unlawful to disclose any individually identifiable information that is transmitted electronically, maintained in any electronic medium, or transmitted or maintained in any other form or medium (including oral communication). This relates to information about past, present and future:

- physical and mental health;
- provision of health care to the patient; and
- payment for the patient’s health care.

As a condition of participating in the Life’s a Lab Reality Science Summer Camp, I, ______________________, clearly understand and agree:

- Information about a patient’s health care is confidential.
- I am not to discuss this confidential patient information with anyone except the nurse whom I am shadowing.

I have read the above and I understand, agree and acknowledge the confidentiality agreement as stated.

_________________________________________  __________________________
Student signature                            Date

_________________________________________  __________________________
Parent/Guardian signature                    Date