

**Return forms to Tuality Healthcare Clinical Education  
Department 334 SE 8<sup>th</sup> Ave. Hillsboro OR 97123 – Office 104  
(503)-681-1203 clinical.education@Tuality.org**



**TUALITY HEALTHCARE**  
*An OHSU Partner*

### **CONFIDENTIALITY STATEMENT FOR STUDENTS**

I understand that I may come in contact with confidential information both clinical and non-clinical information and patient related or employee related information through; written records, documents, ledgers, internal verbal correspondence and communications, and electronic programs, records and applications during my clinical placement at Tuality Healthcare. I agree to uphold and maintain all related confidentiality information.

I will not access, nor do I have the right to review or disclose personal information, medical or otherwise, except when fulfilling my student clinical placement approved responsibilities.

I agree not to divulge or disclose to anyone other than those persons of the corporation who have the “need to know” directly or indirectly, either during or after my clinical learning experience regarding any confidential information acquired during the course of my experience.

I understand and acknowledge that in the event I breach any provision of this agreement, Tuality Healthcare, in addition to any other legal remedies available to it, has the right to reprimand, suspend and/or terminate my clinical experience with or without notice, to impose fines pursuant to applicable laws, and to report to my school or licensing body.

#### **Consent**

\_\_\_\_\_  
Participant/Student Name (Print)

\_\_\_\_\_  
Participant/Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assigned Tuality Department (if known)

\_\_\_\_\_  
School or University/College

\_\_\_\_\_  
Program or Area of Study