

Confidentiality Agreement

As a student intern placed in an internship, I understand that I may have access to confidential information/data, which may include, but is not limited to, information/data relating to:

- Customers (such as records, conversations, financial information, etc.)
- Employees (such as wages, employment records, disciplinary actions, etc.)
- General or Private Information (such as financial and statistical records, internal reports, memos, communications, access codes, proprietary technology, etc.)

Accordingly, and as a condition of my participation as a student intern, I promise that:

1. I will use confidential information/data only as needed by me to perform my legitimate duties as a student intern. This means, among other things, that:
 - A. I will not access confidential information for which I have no legitimate need to know.
 - B. I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any confidential information/data except as properly authorized.
 - C. I will not misuse confidential information/data or carelessly care for confidential information/data.
2. I understand that my obligations under this agreement will continue after termination of my status as a student intern.
3. I will be responsible for my misuse or wrongful disclosure of confidential information/data and for my failure to safeguard my access code or other authorization. I understand that my failure to comply with this agreement will result in the termination of my internship agreement, and it may also result in legal liability and other consequences.

AT ALL TIMES DURING MY INTERNSHIP, I WILL ACT IN THE BEST INTEREST OF THE BUSINESS WHERE I AM PARTICIPATING.

Student Printed Name _____

Date _____

Student Signature _____

Date _____

Advisor Printed Name _____

Date _____

Advisor Signature _____

Date _____

Original document must be signed by all parties and returned to the Public Health Practice Coordinator **before** the Experience may begin.

Revised 03/01/11