

DREXEL UNIVERSITY
SCHOOL OF PUBLIC HEALTH

ACKNOWLEDGMENT OF CONFIDENTIALITY AND OTHER POLICIES

The undersigned hereby acknowledges his/her responsibility under applicable laws and the policies of the Community Based Master’s Project (CBMP) site to which he/she is assigned (the “Site”) (a) to become informed about the policies, procedures, rules and regulations of the Site that are applicable to the CBMP assignment, (b) to comply with all those policies, procedures, rules and regulations, and (c) to keep confidential any information regarding patients or clients of the Site as well as all confidential information pertaining to the Site’s organization and operations. I will not reveal to any person or persons except authorized Site personnel any specific information regarding Site patients or clients or any confidential information concerning the Site, except as required by law or as authorized by the Site.

Dated this _____ day of _____, _____.

Witness Signature

CBMP Student Signature

Print Name