



# McGill



## Confidentiality Agreement

I understand that during my practical experiences (labs, clinical placements etc.), as part of my studies in the Master of Science (Applied) degree program at the School of Communication Sciences and Disorders, I may have access to personal and confidential information related to clients, family members, employees and persons affiliated with the practical experiences.

As a condition of my association with the School of Communication Sciences and Disorders, Faculty of Medicine, McGill University, I agree to and acknowledge the following:

1. I shall keep in strict confidence and agree not to inappropriately access, disclose, copy, remove, use, or give to any person or organization confidential information related to clients, families, employees or any persons affiliated with my practical experiences.
2. I will only access, use, disclose, and transmit private and confidential information as required by my assigned duties during my practical experiences.
3. I understand that it is my responsibility to familiarize myself with the terms of the policies related to confidentiality on all of my clinical practica.
4. I understand and agree that this Confidentiality Agreement will remain in force when I no longer have an association with The School of Communication Sciences and Disorders.
5. I understand that should any breaches in confidentiality be found, I will be subject to corrective action and this could result in the termination of a clinical placement / removal from the program as outlined in the Faculty of Medicine's Code of Conduct and the Clinical Training Manual at the School of Communication Sciences and Disorders.

Name (Print):	Witness name (print):
Date:	Witness Title:
Signature:	Signature: