CONFIDENTIALITY AGREEMENT
College of Charleston Athletic Training Education Program Clinical Sites

Strict confidentiality of all information gained about student-athletes during a visit for health care is one of the highest priorities of all of the College of Charleston ATEP clinical sites. It is critical that all staff and athletic training students who provide health care services, as well as students who observe or otherwise participate in educational opportunities at these clinical sites, honor and support this commitment to maintain strict confidentiality. Failure to do so will result in serious discipline, including possible elimination of all activity associated with the College of Charleston Athletic Training Program.

Any information gained about a student-athlete, including the knowledge that they are receiving care at any of the College of Charleston affiliated clinical sites, must not be shared with anyone outside of the staff at that particular site. Furthermore, in encounters with student-athletes outside of any of the sites, individuals should not even acknowledge that they know any privileged information unless the student-athlete initiates that conversation. This is to protect the student-athlete from unwanted intrusion.

If the athletic training student or observer has any question about what is confidential, s/he should assume information is protected until cleared by the clinical site supervisor.

By signing this agreement, the athletic training student or observer acknowledges that s/he has read this agreement and will protect the confidentiality of every student-athlete.

_____________________________________  ______________________________ ______________
Signature of Observation Student       Printed Name              Date

Please have your supervising preceptor at each site sign and date this agreement before beginning your first observation session at that site. Each site only needs one signature (see example below), even if you return to that site on multiple occasions.

<table>
<thead>
<tr>
<th>Signature of Supervising Preceptor</th>
<th>Printed Name of Supervising Preceptor</th>
<th>Date of Agreement</th>
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<tbody>
<tr>
<td>Example:</td>
<td>Kate Pfiffle, ATC</td>
<td>9/4/14</td>
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