

MOUNT
SINAI
HOSPITAL

CONFIDENTIALITY AGREEMENT

between

Student Name: _____

And

**The Department of Nursing
Mount Sinai Hospital**

I agree that while assigned as a student, I will faithfully discharge my duties and will observe and comply with the policies and procedures of the **Department of Nursing** and Mount Sinai Hospital with respect to confidentiality. Except when I am legally authorized or required to do so, I will not access confidential information and I will not disclose or give to any person any information or document that comes to my knowledge or possession by reason of my affiliation with the Department Hospital. I understand that a breach of this policy may be just cause for the immediate cessation of my student placement. I am aware that the Hospital has policies and procedures regarding the confidentiality of information and data security and understand that it is my responsibility to be familiar with their requirements. I understand that I can refer to my supervisory contact for the details of these policies.

**Confidentiality of Information and Data Security Policy
(General Policy Manual, Section I-H-5-11)**

Signature: _____

Date: _____