

**Norwich University
SM/ATE Program**

Agreement of Confidentiality

Sports Medicine/Athletic Training are (allied) health care professions. Therefore, medical records are created/maintained and confidentiality is essential. At no time should there be any discussion about an injury or injured individual, who is being cared for at a clinical rotation site, with anyone other than the immediate medical staff. This includes parents, roommates, professors, the press, and others in the community without prior written consent from the individual. SM/Athletic training students must always be aware of their surroundings and other persons present before discussing any information relating to a patient. The following Agreement of Confidentiality must be upheld by all members of the Athletic Training Staff and Sports Medicine/Athletic Training Education Program.

As a sports medicine/athletic training student, I understand that I have an obligation to myself, to all student-athletes, coaches, members of the Norwich University community, our affiliated sites, and to my clinical supervisors, to withhold any information that I acquire professionally or socially which is considered confidential, from anyone other than my immediate supervisors. Included in this information is anything relative to the patient's medical condition, the treatment and rehabilitation of any medical condition and any information which I acquire during the conduct of my academic and professional duties, or any information that is not considered to be public knowledge. I am aware that any breach of this trust will jeopardize my ability to continue to function in the SM/ATE Program.

Furthermore, I understand that as a sports medicine/athletic training student I am required to uphold the Code of Professional Practice as outlined by the National Athletic Trainers' Association and the State of Vermont Athletic Training Practice Act. I am aware that a copy of these documents is present in the Athletic Training Education Program Policies and Procedures Manual.

Sports Medicine/Athletic Training Student Signature

Date

Witness

Date