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CONFIDENTIALITY AGREEMENT

I will treat all information received by or disclosed to me as a student or volunteer at TheraTree, LLC as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am permitted to access patient information only to the extent necessary for patient care and to perform my duties.

I will not disclose identifying information (e.g. name, date of birth, etc.) if the information can be removed prior to disclosing or using the information. I will abide by all TheraTree, LLC policies and procedures in using Therapy's information. I agree to use all confidential information only as permitted by such policies and procedures. I will not misuse or attempt to alter confidential information in any way.

I understand that TheraTree, LLC and its providers reserve the right to audit, investigate, monitor, access, review, and report on my use of any confidential information obtained by me related to being a student or volunteer, with or without advance notice to me and with or without my knowledge. I understand that violation of TheraTree, LLC policy may subject me to immediate termination of access to the facilities.

My signature below acknowledges that I have read and understand this agreement and realize it is a condition of my access to the facilities of and association with TheraTree, LLC and its providers.

Check one: I am a Observer Field Work Student Volunteer

Signature: _____ Date: _____

Print Name: _____ Department: _____

School or Volunteer Association (if applicable) _____