

BRODY SCHOOL OF MEDICINE AT EAST CAROLINA UNIVERSITY
MEDICAL STUDENT USER AGREEMENT AND CONFIDENTIALITY STATEMENT

I understand and acknowledge that as a Medical Student of the Brody School of Medicine at East Carolina University I have an obligation to protect and keep confidential patient data and any information whether printed, spoken, or electronically produced. I also understand that access to patient records, research and records processing as well as the computer system is only for appropriate and authorized purposes.

As a medical student, I understand that patient information must be accessed, maintained, and released in a confidential manner. I accept complete responsibility for my actions, and I understand that any violation of the confidentiality of patient information or unauthorized access may result in disciplinary or corrective action up to and including immediate dismissal for student misconduct.

As a medical student, I agree that I will not disclose my password to another, that I will only access (or attempt to access) that information that I am authorized to access. Also, I agree to abide by all policies and procedures regarding security/confidentiality currently in effect or which may be implemented or revised from time to time.

As a medical student, I further understand that I am subject to applicable university policies, state and federal laws and regulations, which govern the unauthorized access to a computer system or access to a computer system for an unauthorized purpose.

Date

Signature

Print Name: _____

First

Middle

Last

Department: **Office of Student Affairs**

Please return to fentonj@ecu.edu or fax 252-744-3250 or upload to VSAS