

**Limestone College
Athletic Training Program**

Confidentiality Agreement

I, _____ (print name), have participated in Confidentiality, FERPA, and HIPAA Training. Furthermore, my signature on this document is an agreement to maintain complete confidentiality in regard to any personal or medical information during and after my **Athletic Training Program clinical experiences at Limestone College, internship and general medical rotation at affiliate clinical sites, and/or work study employment.** I understand that I am prohibited to disclose any confidential information to any person or entity, or to utilize any information for any purpose, except in the course of my day to day responsibilities within the Athletic Training Program and Athletic Training Department. I understand that the release of any confidential personal or medical information is regulated by state and federal law, and may result in my dismissal from the Athletic Training Program or the immediate termination of my work study employment.

Student Signature: _____ Date: _____