CONFIDENTIALITY STATEMENT

I, the undersigned, agree to the following terms and conditions while on Kaleida Health ("Kaleida") premises:

(1) I understand that I am only allowed to observe procedures and that I have no authorization to participate in any medical procedure of any type, in any capacity.
(2) I will be accompanied at all times by a Kaleida representative.
(3) I will not access medical records or any other records, regardless of media or format, that contain the protected health information of Kaleida patients or Skilled Nursing Facility residents.
(4) I will not access Kaleida's network or computer system.
(5) In the event that confidential information is incidentally disclosed to me, I will take all necessary and appropriate steps to safeguard and keep this information confidential. Confidential information includes, but is not limited to:
   - All proprietary information,
   - Patient information of, or maintained by, Kaleida,
   - Reports, analyses, compilations, studies or other documents or records based on or derived from confidential information.

Confidential information does not include:
   - Information that becomes generally available to the public,
   - Information that was previously available to me on a non-confidential basis,
   - Information that becomes available to me on a permissible non-confidential basis from any source other than Kaleida.

I understand that any breach of this Agreement will result in my immediate removal from Kaleida Health premises.

Please check only one:

☐ Medical or dental staff observation
☐ Clinical observation
☐ Non-clinical observation

If you are a student, please indicate what type of student, i.e. PT, RN, NP etc.:____________

Individual (shadower):

Signature: __________________________
Print name: __________________________
Date: __________________________
Are you a Kaleida Health employee?
☐ Yes ☐ No

Kaleida Health Sponsor (a sponsor must sign):

Signature: __________________________
Print name: __________________________
Facility: __________________________
Title: __________________________

Parent or Guardian of Minor if shadower is under 18 (shadower must be at least 17):

Signature: __________________________
Print name: __________________________
Date: __________________________