SOCIAL MEDIA/ CONFIDENTIALITY AGREEMENT
Osborne Head & Neck Institute Student Mentorship Program

It is the responsibility of all students participating in the OHNI Student Mentorship Program, to preserve and protect confidential patient, employee and business information.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.

2. I will not post or share information or photos about patients, discussions, activities, or OHNI (including but not limited to: doctors, employees, staff, facilities, offices, waiting rooms, or equipment) online in any form (including but not limited to: email, websites, message boards, blogs, or social networking websites).

3. I agree to discuss confidential information only at OHNI for education-related purposes and to not discuss such information outside of the Mentorship Program or within hearing of other people who do not have a need to know about the information.

4. My obligation to safeguard patient confidentiality continues after my completion of the OHNI Student Mentorship Program.

I acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms.

In the event of a breach or threatened breach of this Social Media/ Confidentiality Agreement, I acknowledge that OHNI may, as applicable and as it deems appropriate, pursue disciplinary action up to and including early dismissal from the OHNI Student Mentorship Program.

Dated: ___________  Signature: _______________________________________

Print Name: _____________________________________