## Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



## **Confidentiality Agreement For Guests of SRMS**

I acknowledge that I have been given the educational opportunity to intern/work at the office of Specialists In Reproductive Medicine & Surgery, P.A., (SRMS). I understand that information regarding patients and their families discussed during my visit to SRMS is strictly confidential.

It is understood that aspects of my work here at SRMS can be discussed *in general*, without any disclosure of identifying information of patients (ie; names, addresses, occupation, etc...), with persons outside the practice, but that care must be taken to make certain that the patient's privacy is honored at all times. This will include the safekeeping of documents, personal notes and other materials containing private and confidential information. Any breech of this agreement will result in the immediate termination of my privileges with SRMS. Further, such a breach may result in the cessation of any relationship SRMS has with my sponsoring organization.

I further understand that those persons whose privacy might be breached by my disclosure of confidential information, in violation of this agreement, may have the legal right to recover damages from such a violation in a court of law.

If I am involved in research, I also agree that I will not divulge, directly or indirectly, publish, communicate or describe ongoing or proposed research at SRMS without prior written consent. I understand that SRMS encourages the publication of research performed on-site, but that SRMS reserves the right to review and edit research summaries to make certain that the research is being accurately presented and that the publication does not violate this and other agreements SRMS may have with third parties.

I agree to indemnify and hold SRMS harmless for any breech of this agreement. All provisions of this agreement shall be governed and interpreted in accordance with the laws of the State of Florida.

Signature	\\\ \Date	Sponsoring Organization:
Person's Name (print)	Date	Contact Person & Acknowledged By:
Witness Signature	Date	Temiowiedged By.
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