

## CONFIDENTIALITY AGREEMENT

I understand that as a related part of my course work, observation practicum, and clinical practicum, I will have access to confidential information regarding clients of the Southeast Missouri State University Speech and Hearing Clinic and other facilities.

I agree to:

1. refrain from discussing information with persons other than clinical staff, supervising faculty, and student clinicians within the appropriate, professional contexts;
2. refrain from placing confidentiality of information at risk by removing confidential files from the Clinic or failing to follow appropriate Clinic procedures<sup>1</sup>;
3. abide by the ASHA *Code of Ethics*<sup>2</sup>.

I understand that a breach of confidentiality may result in serious penalties as determined by the faculty and administration of the program or contracted agencies.

My signature below indicates that I have read this agreement carefully and agree to the statements as described above. In addition, the statement and its ramifications have been explained by a faculty member in the context of either practicum meetings or classes.

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STUDENT SIGNATURE

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DATE

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<sup>1</sup> Procedures for reviewing files are stated in the Academic and Clinical Handbook of Communication Disorders.

<sup>2</sup> Copy of Code of Ethics is provided in the Academic and Clinical Handbook of Communication Disorders.