



STUDENT INFORMATION

PERSONAL INFORMATION
Name:
Address:
Home Phone:
Cell Phone:
Date of Birth:
eMail Address:
Drivers License No:
EMERGENCY CONTACT INFORMATION
Name of Emergency Contact:
Home Phone:
Cell Phone:
Work Phone:
Relationship:
Name of Alternate Emergency Contact:
Home Phone:
Cell Phone:
Work Phone:
Relationship:
MEDICAL INFORMATION
Allergies:
Pertinent medical history or health conditions:
Primary Care Physician:

Elite Therapy Center

CONFIDENTIALITY AGREEMENT

Each person who works, advises, or volunteers at Elite Therapy Center is required to ensure confidentiality of information. It applies to all aspects of interactions at any Elite Therapy Center or functions.

Confidentiality must be maintained to past, present, and future, information obtained by any means – oral (heard or discussed), paper (faxes, documents), and electronic (computer, PDA). Confidentiality extends to appropriate use of computer systems. Computer equipment and applications may be reviewed randomly for license compliance (all software licenses are to be filed with IT), system maintenance or appropriate use. The obligation to maintain confidentiality pertains especially but not limited to the following:

- Patient and family information
- Information from the medical record – all requests for copies of the medical record are to be referred to administrative staff
- Business information, organizational documents or other sensitive information
- Media communication – need to be referred to the administrative staff

In consideration of your association with Elite Therapy Center and its affiliated entities, you (and your associates) agree, that during this time period and thereafter indefinitely, you shall not allow disclosure direct or indirectly, of confidential information, obtained by any means, except where disclosure is required as part of your job or association, required by law, or with the written approval of Elite Therapy Center. Furthermore, you agree that at the end of this association, you shall promptly return to Elite Therapy Center any and all confidential information disclosed to you that is written, electronic or other form. You will continue to hold confidential any unwritten or oral information subject to the terms of this agreement. I understand any violation of this agreement may result in appropriate action. I have read the above statements and agree to abide by the obligations of confidentiality in regards to for any and all information.

Print Name

Date

Sign Name