



Confidentiality Agreement

As a condition of being allowed to participate in the Shadow Program at Children's Hospital of Pittsburgh of UPMC ("Children's"), I specifically understand and agree that all material, information and/or knowledge that I receive or gain through my participation, including, but not limited to, patients' identities and information contained in the patient medical records, will be kept strictly confidential and will not be disseminated to any person other than authorized employees of Children's. I also agree that I will not publish or disseminate any writing of any kind concerning activities, patients or procedures at Children's without the written approval of Children's, and under no circumstances will I identify any patient by name, picture, or recognizable description or identifiers as described by CHP policy without the written authorization of the patient or the patient's parent(s) or guardian(s).

Shadow Program Participant (print)

Date

Shadow Program Participant (sign)

Phone Number