

## Maintenance of Confidentiality Agreement

I \_\_\_\_\_, a student from \_\_\_\_\_, will be participating in a non-paid internship experience with the Department of Health. As part of the internship experience, I may become aware of confidential information relating to clients, vendors, employees, and programs providing or receiving services from the Department. I agree that:

1. I will not release confidential information that I become aware of to any individual or organization outside the Department of Health.
2. I will provide my internship supervisor with a copy of any written reports, summaries, critiques, or verbal presentations containing information received during the internship prior to its release to college or university staff.
3. I will provide the Department with a copy of any written material being submitted for publication. I will obtain written Departmental approval before submission of the material for publication.
4. This Confidentiality Agreement is intended to be perpetual and will continue beyond the period of the internship.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date