



Between:

_____ (the Medical Student)

And

_____ (Supervising Physician)

And

_____ (Manager, UGME Program)

The Medical Student agrees as follows:

1. I acknowledge that I have agreed to observe the supervising physician in the physician's practice.
2. I acknowledge that all information received about patients in relation to the clinical re-orientation session(s) is private and confidential, and must never be disclosed to or discussed with anyone other than the supervising physician.
3. I will not access any information about patients unless the supervising physician specifically authorizes me to do so.
4. I agree that all of my obligations under this agreement will last forever and continue after the end of the clinical re-orientation session(s).
5. I acknowledge that the UGME office will receive periodic reports of my academic progress.
6. I acknowledge that any breach of this agreement may have consequences for me, including immediate termination of the clinical re-orientation session(s) and submission of professionalism concern to the UGME office.

Medical Student's signature

Date

Witness' signature

Witness' name (printed)