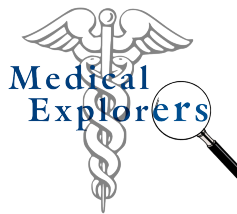


MEDICAL EXPLORERS Confidentiality Statement



I, _____ agree to protect the right to privacy and maintain confidentiality.

I understand that in the performance of my duties as a Medical Explorer at Jersey Shore University Medical Center, I must hold medical and all other information in confidence.

I understand that any violation of the confidentiality of medical and all other information may result in dismissal from the program.

Signature of Medical Explorer

Date

Signature of Parent or Guardian

Date

Signature of Medical Explorer Leader

Date

This form is to be completed by all Medical Explorers, who, during the course of their meetings and tours, may encounter confidential materials.