



"Making Science Fun"

Operation Minerva Confidentiality Agreement

Please read and carefully consider the following Code of Confidentiality. As a participant in Operation Minerva job shadowing it is important that you understand and agree with this information.



Job Shadow Participant Agreement:

- I understand that during my Job Shadow experience, I may become privy to a patient's/customer's or employee's name, address, background and family relationships. The nature of my interaction with them or any financial or personal information whether patient/customer or employee is **not** to be mentioned to **anyone** inside or outside of the facility being job shadowed except to the mentor I am assigned to working with. I understand that I should not read any paper or record relating to a patient/customer unless specifically directed to by the mentor with whom I am working.
- I will follow directions carefully.
- I understand that I must **not** discuss a specific patient/customer with other patients/customers or with my friends or family members.
- If I have questions, I will consult only the mentor with whom I have been assigned.
- When I leave the work site I will leave behind all information I may have heard. If an experience bothers or puzzles me, I will talk it over with my assigned mentor before I leave. I may also discuss this concern with the Regional Director of Praxis.
- While job shadowing I will follow all my mentor's health and safety rules and in the case of an emergency will follow all directions promptly.
- If I am required to share about my experience in a class or writing assignment, I will remember not to discuss specific information which would identify an individual. I may discuss my experience and my feelings about what I observed, but will not give enough detail for others to determine who may have been involved.

I agree to follow this **Confidentiality Agreement** and guidelines shared with me. I understand that I may be withdrawn from participation at any time by the mentor to whom I am assigned if, in their discretion, they determine it to be in the best interest of their facility and/or patient/customer.

Name (please print): _____

Signature: _____

Date: _____

c/o 200 7th Street S.W.

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