



*DRAKE UNIVERSITY
COLLEGE OF PHARMACY & HEALTH SCIENCES
EXPERIENTIAL PHARMACY EDUCATION PROGRAM*

Statement of Confidentiality

I understand and agree that, during the course of my experiential rotations, I will have access to patient profiles, medical records and business practices that are confidential in nature.

I agree that all medical information concerning patient care, employee health and business practices at the site will be held in confidence. Discussions about patient care will be confined to the pharmacy or immediate clinical area.

No patient-identifiable records, copies of records or work papers with patient identification will be removed from the rotation site. All work prepared for Drake experiential purposes at the site will be identified only by initials. All work to be returned to the Drake Director of Experiential Education Programs or submitted to PEMS will be totally free of any patient identifying data.

I understand that disregard for the above requirements could result in a failing grade and/or immediate dismissal from the experiential program.

Print Name

Signature

Date