

Confidentiality agreement at Chiba University Hospital

By signing this form I confirm my understanding that I will have access to confidential personal information related to patients undergoing treatment at Chiba University Hospital which is meant for training and instructional purposes only.

By signing this document, I hereby agree to comply with all of Chiba University Hospital's policies and regulations regarding the handling and disclosure of proprietary and confidential personal information.

1. I understand and fully agree to comply with Chiba University Hospital's data confidentiality policy. All confidential information will be used with the sole purpose of training and instruction as stipulated in this agreement.
2. I agree not to disclose any personal or confidential information obtained while engaged in educational activities at Chiba University Hospital with anyone, unless required to do so by a court of law. This clause shall remain valid during the entire period of training and after the training is concluded.
3. I agree to immediately report the intentional or accidental loss or possible loss of any confidential information to the appropriate authorities (Medical Informatics and Management Department).
4. In the event of any intentional or unintentional breach to this agreement, Chiba University Hospital shall have the right to be free of liabilities for any loss or damages incurred and I shall assume full personal responsibility for any damages caused directly or indirectly due to my actions.

Date: _____

Affiliation: _____

Print Name: _____

Signature: _____