

**Genesee Community College Geriatric Clinical Rotation**  
**In collaboration with Genesee County Long Term Care Task Force**  
**and Genesee Community College N210 Lifespan Course**  
**Lead Agency: Genesee County Office for the Aging**

**Confidentiality Agreement**

*The following statement reflects your agreement to protect the confidentiality of Genesee County Geriatric Clinical Rotation clients and related materials. If any part of the statement is unclear to you, please discuss it with your Instructor. The signing of this statement is required.*

During the course of your activities as an N210 Lifespan student in the Geriatric Clinical Rotation, you may become aware of information or situations that are sensitive and personal in the private lives of participants.

Please be aware that it is the policy of Genesee County Office for the Aging, “to respect the privacy of those who participate in our programs and hold in confidence all information obtained in the course of the provision of services.” Our relationship with those who receive services must be one of mutual trust and respect.

Therefore, it is extremely important that you not share information obtained in the course of your student experience with family, friends, or others, since this would violate the trust placed in us as service providers.

In situations you believe should have further intervention, please discuss the matter with your Instructor. If you have any questions regarding this policy, please do not hesitate to talk with him or her. It is important that you, as a student, feel comfortable and confident representing the programs.

**Confidentiality Agreement**  
**(Continued)**

I, \_\_\_\_\_, recognize the importance of guarding the confidentiality of any and all clients and/or case material with which I may have knowledge, regardless of whether said client/materials is seen /generated by me. I understand that I cannot discuss or share in any way client information outside the “Geriatric Clinical Rotation” program. I understand that the sharing of client information within this program will only occur on a “need to know” basis. I further understand and agree that I will be bound by the requirement to guard this confidentiality of clients and/material upon my leaving the “Geriatric Clinical Rotation” program and agree that all data and information generated through my work through the N210 Lifespan Geriatric Clinical Rotation program and the Office for the Aging will remain the property of the Genesee County Office for the Aging.

I understand that any and all information I may obtain through my experience with the “Geriatric Clinical Rotation” program will be kept in the strictest confidence.

Any breach of this confidentiality agreement will be grounds for reprimand and possible dismissal from the “Geriatric Clinical Rotation” program.

N210 Lifespan Student Name (printed) \_\_\_\_\_

N210 Lifespan Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Office for the Aging Representative \_\_\_\_\_

Date \_\_\_\_\_