

**Western Carolina University
Athletic Training Education Program**

Statement of Confidentiality

Prior to being accepted into the Western Carolina University Athletic Training Education Program, each athletic training student is required to sign the following statement. This statement shall remain in the athletic training student's file for the duration of his/her participation in the Athletic Training Education Program. Any breach of confidentiality on the part of the athletic training student may result in immediate dismissal from the Athletic Training Education Program.

STATEMENT OF CONFIDENTIALITY

I understand that during my participation as an athletic training student at Western Carolina University, I may be privileged to confidential medical information regarding student-athletes or patients. I understand that this information is subject to Patient / Physician Privilege and must be considered highly confidential. Further, I agree not to discuss such information with anyone except my clinical instructor, athletic training staff at my clinical education site and appropriate coaching staff (only as necessary).

Furthermore, I will abide by this medical policy at all times and will not disclose such information to any other persons at any time without the direct written consent of the involved student-athlete or patient.

Signature of Athletic Training Student

Date

Name (please print)