

Intern Confidentiality Compliance Agreement

I understand that in the course of my duties as an Intern at the University of Vermont, I may have access to confidential information.

I understand that other than with the instructor/supervisor of this internship and my fellow interns working on the same task on this same internship, I must not share any confidential information *with anyone*.

I understand that intentional and/or voluntary violation of this agreement, or unintentional violation due to failure to follow expected safety precautions, is a serious matter and may result in disciplinary action. I agree that if I have any questions regarding the implementation of these policies, I will consult with the instructor/supervisor of this internship and/or the Director of the Health and Society Program.

I understand the expectations for compliance with the policies and procedures. I agree to comply with these policies.

Signature of Intern (handwritten/official signature)

Print Name

Date
