

**MASTER'S IN ATHLETIC TRAINING PROGRAM
CONFIDENTIALITY STATEMENT**

I, _____, understand that information in the Athletic Training facility, University of the Pacific Athletic program, and any affiliate clinical education experience sites is confidential. I may not divulge that information to anyone except the person who owns the information, those faculty, staff, or administrators who have need to know and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Act of 1974, as amended (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). If I release confidential information or discuss confidential information to anyone outside of University of the Pacific Athletic Training Program, I understand that I will be immediately suspended from the Clinical Education Portion of the Master's in Athletic Training Program and receive an "F" grade for that Field Experience course.

I have read the above statement and agree to maintain the confidentiality of all information that I have access to through the Master's in Athletic Training program.

Student

Date

Witness (please print)

Sign

Date

Program Director

Date