



## UBC MIDWIFERY CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, acknowledge and understand that, during the course of my education as a student in the Faculty of Medicine's Midwifery program, I may acquire access or use of certain sensitive or confidential information ("Confidential Information"). I acknowledge and agree that any such confidential or proprietary information, including, but not limited to, medical or personal information, trade secrets, patents, confidential research and development data, or any other sensitive information, shall be kept confidential. In consideration for this four year education program, the receipt and sufficiency of which is hereby acknowledged, I further agree to the following:

I. The term Confidential Information includes information not generally known to third parties and which is proprietary to the University of British Columbia ("UBC") or its affiliates, including information about UBC's various projects and departments. All information that becomes accessible or disclosed to me during my Midwifery education shall be deemed Confidential Information.

II. I understand that unauthorized disclosure or use, whether intentional or unintentional, of any Confidential Information would be detrimental to UBC. I acknowledge and agree:

1. not to disclose to any third party the object and scope of any sensitive discussions that I may be privy to, except as required by law or as may be necessary to enforce the terms hereof;

2. not to use any of the confidential information for any purpose other than for or in connection with the authorized purpose;

3. to maintain all of the confidential information in confidence and not to disclose any portion of the confidential information to any person or entity not authorized hereunder without the prior written consent of UBC;

4. that any dissemination of confidential information shall be only in connection with the authorized purpose, and shall be only to UBC employees, agents or affiliates who have a need to know such confidential information as it relates to the authorized purpose; and



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5. that upon completion of your midwifery degree, all records, compositions, articles, documents and other items which contain, disclose and/or embody any Confidential Information shall be returned to UBC or destroyed by myself, and I will certify to UBC that I am in full compliance with these provisions.

III. The obligations pursuant to Section B above shall not apply to information which:

1. is or becomes a part of the public domain through no act or omission of my own;
2. can be shown to be already possessed by myself as of the date of disclosure;
3. shall be made available to myself on a non-confidential basis by a third party having a right to do so;
4. is disclosed by order of a court of competent jurisdiction; or
5. UBC authorizes the release of such information in writing.

IV. The completion of my education at UBC shall not relieve me of my obligations of confidentiality and non-disclosure herein or the obligation to return or destroy certain materials.

### Declaration

I have carefully read the foregoing UBC Midwifery Program's Confidentiality Form and declare I fully understand its contents and my obligations.

Applicant Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Consent: Required for Applicants under the age of 19 years

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_