



實(見)習學生基本資料表 personal information form for internship

實習日期 Date of internship : 實習起日 Start Date _____ / _____ / _____ (YYYY/MM/DD) ;

實習迄日 End Date _____ / _____ / _____ (YYYY/MM/DD)

姓名 Name		性別 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	photo
身分證字號 Passport No		生日 Date of birth	(YYYY/MM/DD)	
學校 School	China Medical University	系級 Grade	Master 國際針灸碩士學位學程	
電子郵件地址 E-mail				
聯絡地址 Mailing Address		電話 Phone Number		
負責老師 School teacher		聯絡電話 Phone Number		
自傳 Autobiography				

Responsibilities of observers

1. Follow the instructions of the physician preceptor and don't spend time in the, hospital unless scheduled and approved by the preceptor
2. Do not conduct physical examinations, treatments or diagnoses of any patient
3. Follow the rules and regulations of the hospital at all times
4. Participate in activities (clinical tutorials, ward rounds and clinic visits), and observe procedures and operations under the supervision of the preceptor
5. Review clinical articles, posters and publications per the discretion of your preceptor
6. White uniform (coat) is **required** and must be self-prepared.

CONFIDENTIALITY AGREEMENT

As a clinical observer at China Medical University Hospital (Hospital), I understand that I may have access to confidential information which may include, but is not limited to, information relating to:

- patients (such as records, conversations, admission information, patient financial information), including specially protected HIV related information.

- employees, affiliates, other practitioners (such as strategic plans, internal reports, memos, peer review information, communications, proprietary computer programs, source code, proprietary technology), and

- third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology). Accordingly, as a condition of, and in consideration of my access to confidential information and my participation in the clinical observership program, I promise that: I will use confidential information only as needed by me to perform my legitimate duties as a clinical observer. This means, among other things, that:

- I will not access confidential information that I have no legitimate need to know;

- I will not in any way divulge, copy release, sell, loan, revise, alter, or destroy any confidential information, except as properly authorized within the scope of my professional activities as a clinical observer affiliated with China Medical University Hospital;

- I will not misuse confidential information or, by failing to safeguard confidential information, allow unauthorized persons to obtain or access confidential information;

- I will safeguard and will not disclose any authorization given to me that allows me to access information;

- I accept responsibility for all activities undertaken using my authorization information;

- I understand that reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities;

- I understand that my obligations under this Agreement will remain in effect at all times during my participation as a clinical observer and continue after my termination or expiration of my participation;

- I understand that I have no right or ownership interest in any confidential information referred to in this Agreement. China Medical University Hospital may at any time revoke my authorization, or access to confidential information; and

- I understand that my failure to comply with the terms of this Agreement will result in the imposition of sanctions in accordance with Hospital policy, Medical Staff By laws, and may include suspension and termination of my participation in the clinical observership program.

I HEREBY CONFIRM THAT ABOVE STATEMENTS & INFORMATION ARE CORRECT & TRUE.

Name:

Signature:

Date