

## COMMITMENT TO CONFIDENTIALITY BY CLINICAL INTERNSHIP STUDENT

As a student in the Faculty of Medicine at the Universidad de Navarra,

I DECLARE THAT:

1. I know my legal and professional duty to keep secret all personal data and confidential information that, during the course of my internship, I may come to know or notice, about people who are being attended to or who are present in the medical centres in which I am carrying out my clinical work experience.
2. I know that maintaining confidentiality is a condition that is imposed upon me as a result of certain fundamental ethical requirements, such as, respect for every person, complying with the rights of patients, loyalty towards others and towards the institutions that are involved in my training, and the specific training that I must acquire in order to fulfil – as a future member of the medical profession – the responsibilities contained in the ethical professional code of the medical profession.

Consequently,

I PROMISE:

- a. Not to reveal to anybody what I see, hear or deduce during my internship.
- b. To follow the norms about secrecy, data security and confidentiality that are currently in place in the *Clínica Universidad de Navarra* or in the health institutions where I carry out my clinical work experience, that have been transmitted to me, and that I understand. I will respect these norms both during my stay at and after finishing my period of academic relationship with the Faculty of Medicine at the *Universidad de Navarra*.
- c. To adopt all the security measures necessary and demanded by the *Clínica Universidad de Navarra* or other health institutions with regard to the information, irrespective of the medium in which such information is contained, that I manage in the process of carrying out my activities.
- d. Not to access information that is not authorized to me, nor to provide anybody else with passwords or access keys that have been given to me for my exclusive use in relation to the performance of my activity in the *Clínica Universidad de Navarra* and/or other health institutions.
- e. If at any time I find myself obliged to reveal information for legal or professional reasons, only to reveal information to those to whom it is necessary to reveal information and only to reveal as much confidential information as absolutely necessary.



By way of demonstration that I freely accept and agree to what has been indicated in this document, I sign it and deliver it to the Office of International Relations of the Faculty of Medicine.

In \_\_\_\_\_ (place), on \_\_\_\_ (day) of \_\_\_\_\_ (month) of  
20\_\_ (year).

(Signature)

First name and surname

National identity / passport number: