**Insulliance Patient Privacy and Confidentiality Agreement**

The following are principles and guidelines that apply to one-on-one mentoring relationships:

For a mentoring relationship to develop, both the mentor and mentee must feel that discussions of private issues or problems are being handled with the utmost discretion. The purpose of this agreement is to protect both the mentor and mentee while providing a basis of common understanding for the mentoring process. All conversations between mentor and mentee are to be kept confidential unless both parties agree otherwise for a specific topic of discussion. A caveat would be situations requiring responsible employees to report possible incidents of sexual harassment, discrimination, or other activity that violates law or policy.

Mentors meet regularly to discuss effective mentoring and share experiences. In order to make these conversations helpful while maintaining confidentiality, mentors must agree to the following:

1. Mentors can reveal the identities of their mentees to other mentors, with the understanding that information about mentees is to be kept confidential within the program.
2. Mentors should not discuss their own mentees with others outside the mentoring program, including department heads, without the permission of their mentees.
3. Mentors should not discuss other mentees (not their own) with individuals outside the mentoring program.
4. Mentors should not provide medical advice or assistance.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name), agree to keep confidential the specifics of my discussions with my mentor/mentee, unless given permission to share this information with others. I am also encouraged to discuss any concerns I have about my mentoring experience with the Insulliance Mentor(s)/ Program Coordinator(s). The mentor will maintain confidentiality unless a breach of confidentiality is necessary to maintain someone’s personal safety.

I understand that a copy of this agreement will be given to my mentee/mentor and I will also receive a copy of his or her signed agreement.

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Signature

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Date (MM/DD/YY)

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Parent Signature (if mentee is a minor)

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Date (MM/DD/YY)