



Confidentiality Agreement

For basic information about the Coaching Program, including our Confidentiality policies, please see our Frequently Asked Questions at <http://integrityprogram.org/coachingprogram/>.

We are strongly committed to protecting the confidentiality of information that clients share.

This document describes the confidentiality protections the Coaching Program offers to clients and describes expectations of all who participate. Please sign below to indicate your agreement with these policies and expectations.

What the Coaching Program Promises

To create a safe environment for sharing, to the fullest extent of the law, the program will protect client data. We will do the following to protect confidentiality:

- Use a HIPAA-compliant version of Zoom (or similar web meeting platform)
- Prohibit anyone other than the client and coach from being on the calls,

unless with permission in special circumstances

- Prohibit audio or video recording of calls by clients or program coaches
- Require clients and program coaches to sign a confidentiality agreement
- De-identify assessment data to be used for quality improvement efforts
 - Note: If any assessment data will be gathered from clients solely for research purposes, you will be notified and we will request your consent to participate.
- Send no information to third parties without client permission (as permitted by law)
- Request your permission to share any information you provide with your institution
 - Note: We do not control what an institution communicates with us.
 - Note: You should not share any information that could create a legal liability for you.

I agree not to permit anyone on the call with my coach without his/her knowledge and permission.

Yes

No

I agree not to record sessions in any manner, including audio and video recordings.

Yes

No

I agree not to distribute proprietary information, which includes assessment instruments, worksheets, handouts, and other materials - unless explicit written permission is provided for a specific purpose.

Yes

No

I have read and agree to these confidentiality protections.

Yes

No

**Your Choices Regarding Communication
with Your Institution**

Here, we solicit information on your choices regarding communication with your institution.

You may request that we conduct an enrollment interview with an institutional official. Such an interview provides institutions with the opportunity to express why a referral was made and what they hope it will accomplish. In our experience, this information about the institution's view of the situation helps the program serve the needs of the referred researcher. Some institutions strongly desire to hold an interview with us, and other institutions do not wish to hold an interview. You may want to consult with an institutional official to clarify expectations and preferences.

Do you want us to speak with an institutional official to conduct an informational interview?

Yes

No

If yes, please provide the name, job title, phone number, and email address for the institutional official:

Institutional Official's Name

Institutional Official's Job Title

Institutional Official's Phone Number

Institutional Official's Email Address

Note: When institutions refer a participant to the program, they sometimes choose to provide us with background information. You may ask your institution whether they have provided such information; however, we promise institutions that we will keep this information confidential.

We require a client's permission prior to sharing any information with his/her institution.

Please indicate below your choices regarding our communication with your institution.

Verification of your registration with the program. (Institutions may require confirmation of registration and frequently contact the program for this information.)

Yes, share this with my institution

No, do not share this with my institution.

Your certificate of completion, which verifies perfect attendance for coaching sessions, active discussion and participation, and completion of all assessments and required worksheets and activities. (Institutions may require confirmation of program completion.)

Yes, share this with my institution

No, do not share this with my institution

Your Professional Development Plan (PDP). (Institutions may require a PDP; you may also wish to show your institution the steps you are taking to foster your professional growth.)

- Note: We do not offer our opinions about clients to their institutions, nor do we share any statements clients make during the program.

Yes, share this with my institution

No, do not share this with my institution

If you answered "Yes" to any of the choices regarding our communication with your institution above, please provide a name, job title, phone number, and email address for up to three people to whom you want us to send the relevant information.

Contact 1:

Contact 2:

Contact 3:

If you have any questions, please do not hesitate to contact the Program Manager at integrity@wustl.edu.