



Default Question Block

Client Last Name

Client First Name

Client Email Address

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 regarding communication with your institution.

We require a client's permission prior to sharing a project form of with their institution.

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

Your Professional Development Plan (PDP), a document outlining your professional goals and activities that will help you achieve the goals. (Institutions may require a PDP; you may also want 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 the PDP with my institution

No, do not share the PDP with my institution

Please provide a name, job title, phone number, and email address for up to three people to whom you want us to send the registration confirmation, program completion report, and your Professional Development Plan (if you answered "Yes" to the the choice of sharing your PDP with your institution above).

Contact 1:

Contact 2:

Contact 3:

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

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