



Confidentiality Agreement For Guests of EDI

I acknowledge that I have been given the educational opportunity to intern/work/learn/perform research at the office of Embryo Donation International (EDI). I understand that information regarding patients and their families discussed during my visit to EDI is strictly confidential.

It is understood that aspects of my work here at EDI can be discussed *in general*, without any disclosure of identifying information of patients (ie; names, addresses, occupation, etc...), with persons outside the practice, but that care must be taken to make certain that the patient's privacy is honored at all times. This will include the safekeeping of documents, personal notes and other materials containing private and confidential information. Any breach of this agreement will result in the immediate termination of my privileges with EDI. Further, such a breach may result in the cessation of any relationship EDI has with my sponsoring organization.

I further understand that those persons whose privacy might be breached by my disclosure of confidential information, in violation of this agreement, may have the legal right to recover damages from such a violation in a court of law.

If I am involved in research, I also agree that I will not divulge, directly or indirectly, publish, communicate or describe ongoing or proposed research at EDI without prior written consent. I understand that EDI encourages the publication of research performed on-site, but that EDI reserves the right to review and edit research summaries to make certain that the research is being accurately presented and that the publication does not violate this and other agreements EDI may have with third parties.

I agree to indemnify and hold EDI harmless for any breach of this agreement. All provisions of this agreement shall be governed and interpreted in accordance with the laws of the State of Florida.

_____	____________
Signature	Date
_____	____________
Person's Name (print)	Date
_____	____________
Witness Signature	Date

Sponsoring Organization:

Contact Person &
Acknowledged By:

Date: ____________