

Exhibit B  
STUDENT CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_ (student name), a  
\_\_\_\_\_ (program) student at the University of Nevada,  
Las Vegas, \_\_\_\_\_ (school/college), in  
consideration of the clinical learning experience with \_\_\_\_\_  
("Facility") being made available to me under the Educational Affiliation Agreement between the  
Board of Regents of the Nevada System of Higher Education, on behalf of the University of  
Nevada, Las Vegas, \_\_\_\_\_ (school/college), and Facility, to  
which this Student Confidentiality Statement is being attached as an Exhibit, hereby recognize that,  
while with Facility, medical records, patient care information, personnel information, reports to  
regulatory agencies, conversations between or among any healthcare professionals are considered  
privileged and should be treated with utmost confidentiality.

I agree, under penalty of law, not to disclose to any person or persons, except authorized clinical  
staff and associated personnel of Facility, the above-listed information and further agree not to  
reveal to any third party any confidential information of Facility, except as required by law or as  
authorized by Facility.

I hereby acknowledge and agree that I have been offered the opportunity (if desired) to consult with  
my own attorney concerning the contents of this Student Confidentiality Statement before signing  
it.

I warrant that I am at least 18 years of age; that I have read and understand my obligations under  
this Student Confidentiality Statement; and that I sign it freely and without reliance upon any  
representations or promises by the University, Facility or their respective directors, officers,  
employees or agents.

Dated this \_\_\_\_\_ (date) day of \_\_\_\_\_ (month), 20\_\_ (two-digit year) .

\_\_\_\_\_

Signature of Participant