

OREGON HEALTH & SCIENCE UNIVERSITY  
PARTICIPANT AGREEMENT  
AND  
STATEMENT OF CONFIDENTIALITY

As an interview candidate, observer, employee, volunteer, other worker, or student associated with OHSU School of Medicine, I may have access to information and materials relating to administrative systems, program candidates, employees, patients, and possibly other individuals, which is of a private and confidential nature.

- At all times, I will respect the privacy and dignity of all associated individuals.
- I will treat all administrative, financial, patient, employee, OHSU School of Medicine candidate, and other records as confidential material, and I will protect them to ensure full confidentiality. I will not read records, discuss, divulge, or disclose any personal and private information unless doing so is legitimately related to performing my duties.
- I will ensure that confidential information is not inappropriately accessed, used or released either directly by me verbally, or by virtue of my signature or security access to the premises or systems.
- I will not use any electronic devices including smartphones, tablets, laptop computers or other internet resources other than the one device and website I am using to participate in the MMI process, and will not record or reproduce any of the interview process. I understand any violation of this rule will result in a report to the Assistant Dean of UME Admissions as well as the AAMC.
- I will not disclose or reproduce electronically or otherwise, in part or in whole, any of the scenarios or information related to the ProFitHR-Admissions multiple mini-interview system (ProFitHR) used for admissions testing at Oregon Health & Science University. I will not develop, market, or distribute any computer program, website or software product that is similar in function or competes with ProFitHR and its reseller APT Inc.

I understand and agree to abide by the conditions outlined in this statement. I also understand that should any of these conditions be breached, I will be subject to rejection from the OHSU SOM and potential disciplinary action by the AAMC.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Witness \_\_\_\_\_

Name (please print) \_\_\_\_\_