

**LIBERTY UNIVERSITY  
EXERCISE SCIENCE EDUCATION PROGRAM**

**Exercise Science Student Confidentiality Agreement:**

Confidentiality about medical or personal information gained concerning a client during a visit for assessment and screening is of highest priority. It is critical that all exercise science students who provide services honor and support this commitment to strict confidentiality. Failure to do so may result in legal litigation and serious discipline, including possible elimination of all activity associated with the Liberty University Exercise Science Program.

Medical/personal information is defined to include the client's name, assessments, program prescriptions, or other health conditions, and any academic or personal information gained during association through course work, laboratory exercises, practicums, internships, or any other affiliated setting. Revealing any portion or part of a client's health record, revealing or discussing any material pertaining to a client whether medical or personal, will be construed a breach of confidentiality.

Any information gained about a client, including knowledge of health, well-being, training level, assessment information, or exercise prescription, at Liberty University, or at any other affiliated site, must not be shared with anyone outside of the supervising staff. Furthermore, individuals should not acknowledge they know any privileged information unless the client initiates that conversation, whether in an academic, professional, or a social setting. In addition, personal information regarding a client should not be shared with a third party under any circumstances. This is to protect the client from unwanted intrusion. If the exercise science student has any question about what is confidential, it should be assumed that information is protected until cleared by the supervising staff/faculty member.

By signing this agreement, I, the exercise science student, acknowledge that I have read this agreement and will protect the confidentiality of every client. I also understand that violation of confidentiality is grounds for immediate dismissal.

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Signature of Exercise Science Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Internship Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practicum Coordinator

\_\_\_\_\_  
Date