

WRITTEN PLEDGE

To: Director of Shimane University Hospital

I hereby promise to comply with the rules concerning the handling of personal information as stipulated by Shimane University during the course of my observations at the Shimane University Hospital and promise to adhere to the following:

1. I will protect the confidentiality of all personal information.
2. I will not engage in any activity that results in loss of trust or dishonor.
3. I will not collect personal information beyond the scope necessary for observation.
 - I will not take out or copy the medical records without permission. Also, I will not print out, copy or remove data of medical records on computers.
 - I will not write a patient's name, ID, address or phone number on an observation report (includes memos, reports, and electronic medium; the same shall apply hereinafter.) and I will manage personal data of the patient anonymously.
 - I will pay careful attention to manage the observation report not to misplace, lose or let it get stolen.
 - I will properly dispose of or delete observation reports no longer required during or after the observation in a way that its contents cannot be identified.
4. Should I disclose information regarding observation, I shall be liable for all damages.

DATE: _____ / _____ /20 _____ Signature: _____

○Personal information in medical institutions includes patient's name, date of birth and clinical records (medical treatment record, prescription, surgery data, nursing record, observations for medical examination, X-ray picture, the letter of introduction, clinical progress record, medication history).