

Confidentiality Agreement

DeKalb County Medical Examiner's Office/Forensic Medicine Associates, Inc. (DCMEO/FMA) confidential and proprietary information is vital to the current operations and future success of the organization. You are asked to sign a Confidentiality Agreement which generally provides that you will not disclose or use any DCMEO/FMA confidential information, either during or after your rotation. Your participation with DCMEO/FMA assumes an obligation to maintain confidentiality, even after you leave our facility.

Each participant shall use all reasonable care to protect or otherwise prevent the unauthorized disclosure of such information. In no event shall confidential information be disclosed or revealed within or outside DCMEO/FMA without proper authorization. If an employee is uncertain whether certain information should be treated as confidential, the participants should presume that such information is confidential and not disclose it without proper authorization.

By way of example, "confidential or proprietary information" will include non-public information regarding DCMEO/FMA's case files databases, systems, technology, intellectual property, operations, services, research, development, inventions, and other similar confidential or proprietary information.

All records and reports of postmortem examinations or autopsies and all types of information contained within the case management system are confidential by law and should not be accessed via public Wi-Fi domain. In general, do not discuss case information except on a need-to-know basis among Medical Examiner staff members. Participants are not permitted to screenshot, screen record, or digitally save any information related to DCMEO/FMA.

No one is permitted to remove or make copies of any DCMEO/FMA records, reports, or documents without prior management approval. Disclosure of confidential information could lead to dismissal from your rotation, as well as possible legal action. In addition, a notification will be sent to your program director.

Signed (Participant): _____ Date: _____

Printed Name (Participant): _____