



**QUEEN ELIZABETH HOSPITAL**  
Charlottetown, Prince Edward Island

**Medical Student Fieldwork Agreement**

Name in Full: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Province Postal Code

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Prince Edward Island Contact Number: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_  
Day Month Year

Medical Education: Medical School: \_\_\_\_\_  
Expected Date of Graduation: \_\_\_\_\_

Prior to starting your fieldwork at the Queen Elizabeth Hospital you are required to read and sign this Student Fieldwork Agreement. It describes your responsibilities during your fieldwork experience and other important information that you should know.

By signing this Agreement, I agree to the following:

1. Fieldwork programs cannot compromise the patient care or service delivery objectives of the Hospital. Hospital staff have the ultimate responsibility for all aspects of patient care and/or service delivery and for the integration of educational programs into the Hospital.
2. I am aware of my responsibility to maintain appropriate behaviour while in the Hospital, particularly concerning patients' privacy and confidentiality of patients' records. All such information is confidential and cannot be communicated except as outlined in Hospital policy.

I will not disclose what I see or hear or communicate information from written records concerning any patient or hospital business, except for the purposes of patient care and in keeping with Hospital policy.

