



**Keio University School of Medicine
International Student Clinical Elective Program**

**Assumption of Risk and
Medical Information Protection
Agreement**

I hereby certify that I have understood and agreed to abide by the following conditions pertaining to the International Student Clinical Elective Program offered by Keio University School of Medicine and Keio University Hospital, hereinafter “Keio”.

1. I understand that there are inherent dangers and risks associated with traveling to/from and participating in International Student Clinical Elective Program and Participant should be covered by a private medical and liability insurance policy.
2. I understand that Keio is not in a position to and do not guarantee Participant's personal health and safety during Participant's participation in its International Student Clinical Elective Program.
3. I understand that I am responsible for any and all medical, hospital, other health care provider, and related expenses for any injury or other liabilities arising out of Participant's participation in the training during the period.
4. I am keenly aware of the highly public and beneficial nature of the education, research, and medical services provided by Keio University, and I will not engage in any actions that may damage the reputation or social standing of Keio University, either during or after my training.
5. I will comply with all pertinent laws, regulations, guidelines, and other social norms, as well as Keio University's rules of training and other rules, notices, and provisions. In addition, I will faithfully perform my duties in accordance with the instructions and orders of my superiors and in cooperation and collaboration with other Keio University faculty members, staff members, and fellow students.
6. I will comply with the “Keio University Rules to Protect Personal Information” and other regulations concerning information management at Keio University. Additionally, I will hold in strict confidentiality any personal

information related to research or medical treatment (hereinafter referred to as "personal information"), and I will not personally request, use, disclose, or divulge such personal information to third parties during or after my training at Keio University (including via social networking services). I will handle personal information, including the media where the information is stored, with utmost responsibility and meticulous care.

7. I will hold in strict confidentiality any information concerning Keio University or related parties acquired through my training (hereinafter referred to as "confidential information"), and I will not personally use or disclose or divulge such confidential information to third parties during or after my training at Keio University (including via social networking services). I will handle confidential information, including the media where the information is stored, with utmost responsibility and meticulous care.

8. Upon assuming, resuming, or returning to my position, I will not bring any personal information from external sources into the hospital. I will comply with the hospital's privacy policy and strictly adhere to the Compliance Manual for Keio University Rules for Protection of Personal Medical Information.

9. If I violate this written oath due to my intentional or grossly negligent conduct, I will compensate Keio University upon its request for any damages caused (including legal and other expert costs incurred in responding to and resolving the violation), even if discovered after my departure.

10. I have taken appropriate steps (chest X-ray, inoculations, etc.) to prevent myself from spreading infectious diseases such as tuberculosis and epidemic viral diseases (measles, rubella, epidemic mumps, and varicella) while I am at Keio (in the program), and I will submit certificates providing evidence of this.

I have read this Assumption of Risk and Medical Information Protection Agreement, and I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this Agreement freely and voluntarily.

Period of the Program:

Name of Participant:

Signature of Participant:

Date:
