



**PRIVACY POLICY AND DECLARATION OF CONFIDENTIALITY
FOR STUDENTS AT THE MEDICAL UNIVERSITY OF GRAZ INCL. THE CLINICAL INTERNSHIP YEAR**

Last Name: _____
First Name: _____
Date of Birth: _____
Student Identification
Number: _____

Dear Students,

During the course of your education at the Medical University of Graz and teaching hospitals of the Medical University of Graz in accordance with § 35 of the Universities Act, you will be entrusted with knowledge of information pertaining to individuals or groups. This approach is necessary in order to prepare you for work in your profession, and requires strict confidentiality on your part to ensure the privacy of those concerned is protected. The use of personal data is regulated under the General Data Protection Regulation (GDPR), which requires a confidentiality agreement for people working in the health care profession.

DECLARATION OF CONFIDENTIALITY

I hereby undertake to:

- keep confidential all personal data pertaining to employees, patients, students or other members of the Medical University of Graz (or any hospital under a contractual relationship with the Medical University of Graz) that I am entrusted with, is made available to me or becomes known to me as part of my education. I will not disclose or provide third parties with the data, nor will I allow third parties to access said data.
- use the personal data exclusively for educational purposes. I am aware that the use of personal data for anything other than educational purposes is forbidden.
- use the information systems made available to me as well as the access rights granted me by the Medical University of Graz and/or the hospitals (KAGes or other learning hospitals where I may work during my study program) exclusively for educational purposes. It is forbidden to use the system for other purposes, in particular private purposes, or to provide third parties with access information.

This confidentiality agreement is valid indefinitely and shall remain effective even after I have completed my education incl. the clinical internship year or have left the Medical University of Graz.

Graz, on _____

Signature _____



By signing this confidentiality agreement I am also bound to comply with a number of due diligence requirements in my work, i.e.:

- User names and passwords are to be kept secret; in case of loss of confidentiality, the Medical University of Graz is to be notified immediately.
- Electronic copies of personal data may only be created with the use of anonymization or pseudonymization.
- Printouts of personal data may not be taken outside the immediate area of use and must be stored in such a manner as to ensure protection against unauthorized access (locked). It is forbidden in particular to take any such personal data home. Printouts of personal data are only to be disposed of in specially marked data protection containers.

I am aware and understand that

- a log containing user information is kept of all access to the medical information and documentation systems in accordance with the access privileges,
- violation of the above confidentiality agreement may result in the termination of my education, as well as expulsion from the degree program,
- violations of data privacy under the General Data Protection Regulation (GDPR) may also be punishable by an administrative penalty and subject to liability for damages under the principles of civil law,
- an authorization application must be submitted to the responsible Ethics Committee before using data for research purposes.
- the provisions of the General Data Protection Regulation (GDPR) as well as the respective provincial law, hospital legal provisions and medical law (obligation of confidentiality in accordance with §54 para. 1 of the Medical Practitioners Act - ÄrzteG) regarding confidentiality must be observed during my activities within my study program.

Graz, on _____

Signature _____