



**Embryo Donation**  
INTERNATIONAL  
Building Families

## Confidentiality Agreement For Guests of SRMS-EDI

I acknowledge that I have been given the educational opportunity to intern/work/learn/perform research at the office of Embryo Donation International (EDI), a subdivision of Specialists In Reproductive Medicine & Surgery, P.A., (SRMS). I understand that information regarding patients and their families discussed during my visit to SRMS-EDI is strictly confidential.

It is understood that aspects of my work here at SRMS-EDI can be discussed *in general*, without any disclosure of identifying information of patients (ie; names, addresses, occupation, etc...), with persons outside the practice, but that care must be taken to make certain that the patient's privacy is honored at all times. This will include the safekeeping of documents, personal notes and other materials containing private and confidential information. Any breach of this agreement will result in the immediate termination of my privileges with SRMS-EDI. Further, such a breach may result in the cessation of any relationship SRMS-EDI has with my sponsoring organization.

I further understand that those persons whose privacy might be breached by my disclosure of confidential information, in violation of this agreement, may have the legal right to recover damages from such a violation in a court of law.

If I am involved in research, I also agree that I will not divulge, directly or indirectly, publish, communicate or describe ongoing or proposed research at SRMS-EDI without prior written consent. I understand that SRMS-EDI encourages the publication of research performed on-site, but that SRMS-EDI reserves the right to review and edit research summaries to make certain that the research is being accurately presented and that the publication does not violate this and other agreements SRMS-EDI may have with third parties.

I agree to indemnify and hold SRMS-EDI harmless for any breach of this agreement. All provisions of this agreement shall be governed and interpreted in accordance with the laws of the State of Florida.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

\_\_\_\_\_  
Person's Name (print) \_\_\_\_\_ Date \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

\_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Sponsoring Organization:

Contact Person &  
Acknowledged By:

Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

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