

Non-disclosure Agreement for International Clinical Trainees in Linkou Chang Gung Memorial Hospital

I, _____, receive the clinical training in Linkou Chang Gung Memorial Hospital (for the purpose of efficiency, collectively referred to herein as “CGMH”) from _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy).

I. I agree to follow all CGMH’s rules, personnel regulations, health care policies and procedures, including standard precautions of patient safety, and all Taiwan’s laws and regulations during the training period, and fulfill my duty of patient care.

II. I agree to provide the results of my health examination to Linkou CGMH under the premise of protecting my learning rights and personal health, and to ensure the security of CGMH’s patients that I care.

III. I agree to comply with CGMH’s discipline that at any time I will not disclose or spread any confidential information (including CGMH’s operation management, research, education, patients’ data and pictures etc.) to which I have or had access to any unauthorized individuals.

IV. I understand there are disciplinary procedures in place for handling if I am not in a good mental or physical health (positive results of sexually transmitted diseases included). I further understand that if I violate any of the above terms, I may be subject to disciplinary action from my original organization and CGMH, including termination of clinical training contract.

V. Jurisdiction: The legal effect and the interpretation to this Agreement shall be subject to the law of Republic of China (Taiwan). The local court where CGMH located shall serve as the court of first instance if any disputes or litigations arises from this Agreement.

VI. This Agreement has been executed in two originals in which one of these has been retained by me, and the other one by CGMH.

Signature: _____

Printed Name: _____

Date: _____ (dd/mm/yyyy)