

Visiting Student Disclosure Consent for Clinical Site On-Boarding

The data you have shared with University of California, San Francisco (UCSF) are private and we protect them in accordance with the Family Educational Rights and Privacy Act (FERPA). In order to share these data with affiliated clinical sites outside UCSF (SF General, VA Medical Center, and others), we need your consent. Please know that we take your privacy very seriously and take every precaution to share your information only when necessary and only by the most secure means.

Should you choose not to consent to the sharing of your data for clinical learning purposes, UCSF School of Medicine will not be able to help you gain access to the systems at these sites and you must take full responsibility for gaining the access you need to meet your learning or research objectives at those sites.

Please select one of the following options:

☐ **I authorize** the University of California, San Francisco to disclose securely my enrollment status, and, as necessary, my social security number, email address, UCSF ID numbers, photo, and/or date of birth to clinical sites affiliated with UCSF for the purpose of obtaining site-specific identification credentials and/or access to electronic health records systems to facilitate my participation at an affiliated site in educational and/or research activities associated with the visiting medical student program.

☐ **I do not** authorize UCSF to disclose my personal data with affiliated clinical sites. I understand that I will need to work directly with each individual learning site to arrange my own access.

Student signature: _____ Date: _____

Student name (**please print**): _____

If you have any questions about this consent form, please do not hesitate to contact Valerie Jones in the School of Medicine Dean's Office, at valerie.jones2@ucsf.edu.