

**University of Utah School of Medicine Medical Student Wellness Program  
Confidentiality Policy**

**Confidentiality Policy**

The University of Utah School of Medicine recognizes the central importance of maintaining the confidentiality of students seeking assistance for mental health and other sensitive issues. The University of Utah School of Medicine’s Medical Student Wellness Program (MSWP) strictly adheres to medical privacy laws and doctor-patient confidentiality codes of conduct. Students have asked whether information provided to MSWP staff would ever be shared with School of Medicine faculty or with institutions assessing students for residency program placement. With very limited exceptions that are described below, information provided by medical students to MSWP staff will not be shared with anyone inside or outside of the School of Medicine unless a student provides written consent to do so.

**Confidentiality Exceptions**

The only exceptions to the MSWP confidentiality policy are under certain situations in which information must be disclosed to prevent significant physical harm and/or loss of life from occurring to a student or other persons, or where disclosure is required by law. The specific exceptions include:

1. A situation in which a student poses a substantial risk of imminent and serious harm to him or herself or to another person.
2. A health care provider is required by Utah law to report situations in which a member of a protected population has been subjected to abuse or if they observe a person within this population being subjected to conditions which would reasonably result in abuse. In Utah, legally recognized protected populations include anyone under the age of 18, over the age of 65, and disabled adults.
3. State and federal laws can require disclosure of certain documents if they are required for a legal proceeding.

**Acceptance of the Medical Student Wellness Program Confidentiality Policy**

As a currently enrolled student attending the University of Utah School of Medicine, I understand and agree to the MSWP confidentiality policy.

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

Signature: \_\_\_\_\_