



# Northern Ontario School of Medicine PBSG-ED Module



## CONFIDENTIALITY and LICENSING AGREEMENT

<b>Event Name</b> <b>Practice Based Small Group Education (PBSG-ED) Modules</b>	
<b>Module topic purchased</b>	<b>Total copies purchased</b> <input type="checkbox"/> 10 Participants or less... (\$125) <input type="checkbox"/> 11-15 Participants.....(\$185) <input type="checkbox"/> 16-20 Participants.....(\$250)
<b>Facilitator Name</b>	<b>Facilitator Email Address</b>

1. I agree to print paper copies of the PBSG-Module equal to the number of module copies purchased.
2. I am the Facilitator for the above-noted educational event. During the educational event I will have access to confidential information regarding the PBSG-ED Module, participants, and discussions.
  - a) I understand that confidential information is defined as anything that I, or those individuals with whom I interact, would expect to remain private including participant names and demographic information.
  - b) I am responsible for protecting all confidential information regarding the PBSG-ED Module, participants, and discussions. Confidentiality pertains to all formats including electronic, written, recorded, overheard or observed.
  - c) Confidential information may only be used as needed to perform my assigned activities related to facilitating the educational event.
3. I clearly understand that I **may not**:
  - a) Print, copy, or distribute the PBSG-ED Module beyond the number of purchased modules.
  - b) Share or disclose personal participant information with others outside of the event.
  - c) Misuse or be careless about information pertaining to the event.
4. Immediately following the above-noted educational event, I agree to delete/destroy the electronic copy of the PBSG-ED Module which was forwarded to me by the Northern Ontario School of Medicine.

By signing below, I acknowledge that I have read and understand the above and agree to abide by the terms of this Confidentiality and Licensing Agreement.

**Facilitator Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facilitator Signature:** \_\_\_\_\_