

## Pledge to Protect Private Information

To: President

Yokohama City University Hospital

In the activities I will be engaged in Yokohama City University Hospital (hereinafter the “Hospital”) including provision of medical services, research, clerkship, visits and observations, I hereby promise to strictly observe the policies and rules of the Hospital, as well as to understand the purpose of Japanese “Act on the Protection of Personal Information”.

I pledge that I will never disclose to others any personal information which I obtain in the Hospital through the activities of providing medical services, research, clerkship, visits and observations, etc.

Date: \_\_\_\_\_  
(Date/Month/Year)

Name of home institution: \_\_\_\_\_

Address of the institution: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name (family name, given name) \_\_\_\_\_

Signature \_\_\_\_\_

### Note:

Please submit this pledge to the hosting division of your clerkship, before you start any activities in the Hospital such as provision of medical services, research, clerkship, visits and observations (except facility tours).