



LEHIGH COUNTY CORONER'S OFFICE & FORENSICS CENTER

DANIEL A. BUGLIO, D-ABMDI
LEHIGH COUNTY CORONER

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CONFIDENTIALITY AGREEMENT

I, _____ the undersigned, have been accepted to participate in an internship program at the Lehigh County Coroner's Office & Forensics Center. I fully understand that I will be exposed to confidential information as it relates to investigations conducted by the Office of the Coroner. The confidential information may range from a citizen's personal information, medical history, to information related to a criminal investigation. I will be viewing explicit images for educational and training purposes only.

I agree that the identity of the deceased/scene and any information as it relates to any and all investigations shall remain confidential no reference shall be made in any way regarding the identity of the decedents/scenes in any material that I view or produce.

Intern Name (Please Print)

Signature

Date

Coroner's Signature

Date Received

