



Student Confidentiality Agreement

A high, responsible standard of conduct and professionalism is expected from each student. Students are personally accountable for the way in which patient information and other confidential information in Health First, Inc., facilities are utilized. Confidential information is never to be discussed with anyone other than those directly involved in the care of the patient or in the legitimate use of other confidential hospital information. Those having access to patient, salary or associate information should never browse such information out of "curiosity". It is to be used and accessed only for legitimate, clinical/learning purposes.

A breach in confidentiality which involves discussing and/or releasing confidential patient or Health First, Inc., facility information or obtaining unauthorized system access will lead to disciplinary action from the participating agency (learning institution), as well as potential enforcement action by the State Attorney General for any Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule violation.

Each student must seriously evaluate his/her daily use of confidential patient or Health First, Inc., facility information to assure its proper use. When in doubt, always discuss the matter with your immediate supervisor for clarification or direction.

By my signature below, I am indicating that I have both read and understand the confidentiality policy of Health First, Inc., and that I intend to abide by it.

Student Signature

Date

Student Name (Printed)

Parent or legal guardian if student is not 18:

Name (Printed): _____

Signature: _____

Date: _____