

Patient Confidentiality and Privacy Acknowledgement

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that defines patients’ rights to privacy and to control how their personal healthcare information is used. The law specifies who can access patients’ protected, identifiable health information and when disclosure of this information is permitted. At each of the externship facilities, every student will be required to review, understand and practice the confidentiality and privacy of every patient as prescribed by the law.

Students will be oriented to facility policies and will observe all procedures related to patient confidentiality and release of information during externship rotations. Students are also cautioned to maintain the confidentiality of their peers, instructors, clinical staff, and clinical facilities. Students will keep personal beliefs and opinions a private matter. A breach in the confidentiality policy may be cause for immediate dismissal from the program.

By signing this document you acknowledge that you have read, understand, and will abide by the guidelines included in this document and those governed by HIPAA. I understand that if I break patient confidentiality or privacy I may be dismissed immediately from the program with no option to re-enter.

Printed Student Name

Student Signature

Date: _____

Faculty Signature

Date: _____