



CONFIDENTIALITY ACKNOWLEDGEMENT: Adult Healthcare Student

My signature below acknowledges that my access to confidential information is for the purpose of performing my responsibilities for this certified nurse aide course and for no other purpose.

1. I will look at and use only the information I need to care for my patients, clients or residents (individuals) for this course. I will not look at individual health records or seek other confidential information that I do not need for educational purposes.
2. I understand that protected health information or any other confidential information is not to be shared with anyone who does not require the information to perform his or her job functions. I will be especially careful not to share this information with others in casual conversation.
3. I will handle all health records – both paper and electronic – with care to prevent unauthorized use or disclosure of protected health information. I understand that I am not permitted to remove confidential information from my work area for personal or any other unauthorized use. I also understand that I may not copy health records or remove them from the individual patient care units or the Medical Records Department for personal or any other unauthorized use.
4. If I no longer need written confidential information, I will dispose of it in a way that ensures that others will not see it. I recognize that the appropriate disposal method will depend upon the type of information in question and the policy of the clinical facility.
5. I understand that the confidential information for my class is not to be used for personal benefit or to benefit another unauthorized facility.
6. I will not take photographs of patients via camera (phone or otherwise) or record, and will not post confidential information on Facebook or any other electronic messaging format.

I understand the contents of this Policy Statement on Privacy, Information Security and Confidentiality. If I do not follow the above rules, whether intentional or unintentional, release of any confidential information may result in disciplinary action up to and including removal from the class and/or legal action.

I have read, understand and agree to adhere to the conditions of this Confidentiality Agreement:

Name (print):

Signature:

Date:

I agree, understand and consent that by electronically signing the Confidentiality Acknowledgement Form, that my electronic signature is the equivalent of my manual/handwritten signature.