



**BARTON COUNTY COMMUNITY COLLEGE
STUDENT CONFIDENTIALITY AGREEMENT**

Confidential information includes but is not limited to: patient information, medical records, hospital information, physician information, and employee records that may be encountered in the course of the clinical practicum. Maintaining confidentiality means to share information only with healthcare professionals who have the “need to know” the information.

State and federal laws prohibit the unauthorized use and/or dissemination of patient medical information by health care personnel. Health care workers are entrusted to protect medical information about patients and obligated to not seek out information their job does not require. Civil and criminal penalties may be imposed to protect the patients right to privacy.

Below is a list, while not all-inclusive, of actions that may be considered breaches of patient confidentiality:

- Reading a patient’s chart for the sake of curiosity or other personal reasons.
- Conversations with other personnel, who do not have a need-to-know, about patients.
- Conversations with family and friends about patients.
- Attempting to seek out electronic or hard copy information (e.g. for a friend or family member) not required by my position.
- Virtually any disclosure of patient information to a third party without proper authorization or statutory right or obligation to do so.

I hereby reaffirm my pledge that I will not disclose, to anyone, any medical information about patients that I may acquire as a result of my clinical education, without patient to do so or as otherwise allowed by law. In addition, I will not seek out information about patients that I do not require to perform my assigned duties. I understand that any attempt to seek out information, hard copy, electronic or verbal, not required by my position or any unauthorized disclosure or information, shall be cause for immediate discipline, including discharge.

I understand that all questions of release of information are to be referred to a medical laboratory employee. Any time I am not sure of the proper action, I will withhold information until the release or question is resolved.

Further, I agree to hold harmless and protect Barton County Community College, the clinical education facility and its shareholders against any and all claims for damages resulting from my unauthorized disclosure of patient information as herein-above provided.

Student name (Printed) _____ Date _____

Student Signature _____ Date _____

NOTE: Limit conversations regarding patient information to non-public areas to avoid visitors and/or patients from overhearing employee discussions.