



# Door County Medical Center

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

## STUDENT CONFIDENTIALITY AGREEMENT

I, the undersigned, acknowledge that I have reviewed and understand the following information with regard to the confidentiality and access of patient protected health information, employee information, and proprietary information which I may work with during the course of my educational affiliation:

### General:

- All patient, employee, and proprietary information is considered confidential and protected by law and failure to maintain confidentiality may result in damages to the patient, employee, and/or the healthcare organization.
- Access to patient, employee, and/or propriety information is determined by a “need-to-know” and held to the minimum-level of information necessary to carry out duties or assignments.
- Assignment of a computer system unique user ID and password is limited to individual use only, may not be shared, and may be audited to determine appropriateness of access.
- No patient protected health information, regardless of medium or format, shall be removed from the healthcare organization without the approval of the health care facility and the supervising educator. If such removal is approved, all patient-identifiable information must be removed or obliterated.
- Consequences of breach of confidential patient protected health information, be it intentional or not, will result in corrective action as deemed appropriate by the healthcare organization and educational institution.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Educational Institution/Program: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Program Director/Clinical Instructor/ Site Supervisor*