NMC health®

PO Box 308 | Newton, KS 67114

CONFIDENTIALITY STATEMENT AND ACKNOWLEDGMENT – STUDENT / INSTRUCTOR / OBSERVER (NO COMPUTER ACCESS)

As a student, instructor, or observer at NMC Health, I understand and agree that in the performance of my duties:

- I must hold all patient personal and health information, as well as all hospital information, in strictest confidence. This information must not be repeated or discussed with anyone outside of the direct care of the patient.
- Discrete, daily use of confidential and medical information is required. This information must not be treated as gossip with my peers or other employees, and is not disclosed to unauthorized sources outside of NMC Health.
- I will abide by all policies and procedures NMC Health has in place to assure compliance with regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA).
- Professional codes of ethics stipulate that maintaining confidentiality of patient information is a part of professional responsibility and integrity.
- Removal or copying of health information records shall only be done upon express written permission of NMC Health administration or designee.
- Penalties for breaches of confidentiality are subject to provisions of state and federal laws, and that any breach of NMC Health's policies related to confidentiality or a breach of the professional code of ethics, except as it relates to the educational process in the classroom or at a practicum site, shall result in expulsion from this institution’s section of this program.
- Maintain confidentiality of all information to which I am exposed.

A copy of this statement will be filed with the Privacy Officer of NMC Health.

Position: ☐ Student ☐ Instructor ☐ Observer

School affiliation: _____

Print name: _____

Signature: _____

Date: _____

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