

Confidentiality Statement

Physical Therapist Assistant Program



Life. Changing.

Throughout the Physical Therapist Assistant Program at Indian Hills Community College, I, _____, will have access to patient information. I, _____, realize that this information is private and should be kept confidential. All patient information that I have access to is personal and private; therefore, I understand that confidentiality is crucial. I, _____, understand that any violation of this “patient right” is a HIPAA violation and would be possible cause for dismissal. Violation would include, but not be limited to: a) discussing information about a patient in an inappropriate setting, or with someone not related to the care of the patient; b) taking pictures of the patient for personal keeping; c) exposing a patient unnecessarily; d) inappropriate handling of personal possessions of the patient, such as going through a patient’s purse/wallet without authorization by the patient; e) posting patient or facility information with any patient related content into social media outlets. All students will adhere to the HIPAA (Health Insurance Portability and Accountability Act) regulations of the facility they are attending. Use of cell phones in the clinical care area is prohibited. **Posting any information relating to patient care or clinical experiences on computer social networking sites is a HIPAA violation and is strictly prohibited.** This includes, but is not limited to pictures or text that include the name of a facility; dates relating to experiences; type of treatment or experience that the student was involved with; patient name or personal information (ie: Age range, diagnosis, personal circumstances); facility staff names or conversations; or specifics of any treatment or interaction with patients, family or staff. I realize that this information is private and should be kept confidential. **I realize that any unauthorized release of information is punishable by fine and/or imprisonment.**

Throughout my education in the Physical Therapist Assistant Program at Indian Hills Community College, I will at no time inappropriately release confidential information and I will adhere to the Code of Ethics of the American Physical Therapy Association.

I understand that release of unauthorized patient information will result in immediate termination from the Indian Hills Community College Physical Therapist Assistant Program.

Name: _____

Signature: _____ Date: _____