Confidentiality Statement

INDIAN HILLS COMMUNITY COLLEGE
Life. Changing.

Throughout my participation in any Health Sciences Program at Indian Hills Community College, I understand that I will have access to confidential patient, client, resident, student, and facility information.

I acknowledge that all information to which I am exposed, whether verbal, written, electronic, or observed, is private and protected under Health Insurance Portability and Accountability Act (HIPAA) and HITECH Act 2009 and must be kept confidential. I agree to uphold all confidentiality standards in accordance with HIPAA, the clinical facility policies, and Indian Hills Community College Health Sciences Program requirements. I understand that maintaining confidentiality is both an ethical and legal responsibility.

I understand that violations of confidentiality include, but are not limited to:

- Discussing patient/client information in inappropriate settings or with individuals not involved in the patient care
- Taking photographs or videos of patients/clients, records, or clinical areas for personal use
- Posting or sharing patient, facility, or clinical experience information on social media or networking sites
- Sharing identifying information, including but not limited to; names, age or age range, diagnosis or treatment details, personal circumstances, dates of service or experience, facility or staff names
- Inappropriate handling of patient/client personal belongings
- Unauthorized access, use, or disclosure of medical or laboratory records
- Use of cell phones or personal devices in clinical care areas is prohibited

I understand that any unauthorized release of confidential information is a violation of patient rights and may constitute a HIPAA violation. Such violations may result in disciplinary action up to and including immediate dismissal from the Health Sciences Program.

I further understand that unauthorized release of confidential information may be punishable by legal action, including fines and/or imprisonment.

Throughout my education, I agree to adhere to the ethical standards and professional codes of conduct of my respective Health Sciences profession, Indian Hills Community College, and all affiliated clinical education facilities.

By signing below, I acknowledge my responsibility to uphold the above policy and protect confidentiality at all times during my educational and clinical experiences.

Name: _____

Signature: _____ Date: _____