

HIPAA AND CONFIDENTIALITY
WHAT STUDENTS/ VOLUNTEERS/OBSERVERS NEED TO KNOW

- As a student/volunteer/observer at Elliot Health System (EHS), you will have access to confidential information of our patients.
- Confidential information includes but is not limited to:
 - A patient's name, address, phone number, age and social security number,
 - The reason a person is ill or in the hospital,
 - A patient's treatment and medication(s), and
 - Any observation about a patient's condition or past health conditions.
- Federal and state laws, including HIPAA, and our policies and procedures, protect the privacy and security of this confidential information.
- EHS prohibits you from using or disclosing confidential information outside the scope of your student/volunteer/observer activities.

Guidelines For The Use Of Confidential Information

- ✓ You may use confidential information as necessary to carry out your responsibilities as a student/volunteer/observer.
- ✓ You may only access a patient's confidential information if you are involved in the patient's care.
- ✓ You may only access the minimum amount of information necessary to care for a patient or to carry out an assignment.
- ✓ You may share information with other health care providers for treatment purposes.
- ✓ You may NOT record confidential information on any assignments that you may need to submit to your instructor, reports you may need to submit to your program, or forms you need to take with you.
- ✓ You may NOT photocopy confidential information.
- ✓ You may NOT photograph patients.
- ✓ When disposing of any documents with confidential information, do not put them into a waste can. Instead, place discarded documents into containers marked for shredding.
- ✓ Be aware of your surroundings when discussing confidential information because others may overhear you. NEVER discuss confidential information in elevators, bathrooms, the cafeteria, on the employee shuttle bus or in any other public place.
- ✓ If you have questions contact your instructor, volunteer coordinator, or Nursing Retention Specialist.

Remember, anything you see, hear, read, or observe about a patient is confidential and must be kept confidential.

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**Please read, sign, date this acknowledgement, and return it to your
Program Coordinator or Volunteer Coordinator.**

ACKNOWLEDGEMENT

I have read and understand this information. I will abide by the confidential information guidelines when performing activities or observing at Elliot Health System.

Signature of
Student/Volunteer/Observer _____

Print Name _____ Date _____

Signature of Program/Volunteer Coordinator _____

Name of Affiliated School/Volunteer Program _____