

Confidentiality Agreement

(To be signed by student and uploaded to student's account with Certified Background)

I understand that I may come in contact with various types of information in my studies or through my clinical rotations while a student in the College of Nursing at the University of Central Florida. This information may include, but is not limited to information on patients, employees, students, families, donors, research, and financial and business operations. Some of this information is made confidential by law (such as "protected health information" or "PHI" under the Federal Health Insurance Portability and Accountability Act, or HIPAA) or by the college or university. Confidential information may be in any form, such as written, electronic, oral, overheard, or observed. I also understand that access to all confidential information is granted on a need-to-know basis. A need-to-know basis is defined as information access that is required in order to engage in my studies or to complete my approved academic requirements for the program in which I am enrolled.

I will protect all confidential information, including PHI, while a student at the College of Nursing. I will not share PHI with those outside of the College of Nursing unless they are part of my studies or educational program at the College of Nursing and have a need to know. I will not remove nor electronically send any confidential information from the agencies and facilities where I am assigned as a student except as permitted by the specifics of the agency and in accordance with the agreements with those agencies.

I will protect any login codes provided to me from any agency. The login and password codes are equivalent to my signature and I will not share them with anyone nor allow anyone to use them. I will not attempt to access PHI information with these codes except to meet the needs specific to my purpose for being there. I will be responsible for any use or misuse of my codes.

If I knowingly violate this agreement, I will be subject to failure in the related clinical/didactic course and expulsion from the College of Nursing. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above and agree to be bound by it. I understand that signing this agreement and complying with its terms is a requirement for my inclusion in the College of Nursing educational program and participation in clinical experiences.

Name (PRINT full legal name): _____

PID: _____ Program: _____

Signature: _____

Date: _____

Rev. March 13, 2015