



### **CONFIDENTIALITY STATEMENT**

As a student in a LSCS health occupation program, you will have access to confidential information during your clinical experiences. Confidential information includes client information, employee information, financial information, other information relating to your duty as a student and information proprietary to other companies or persons. You may have access to some or all of this confidential information through the computer systems of the clinical facilities or through your student activities.

Confidential information is protected by strict policies of the clinical facilities and by federal and state laws particularly the Health Insurance Portability and Accountability Act. The intent of these laws and policies is to assure that Confidential Information, that is, Patient's Protected Health Information or Individually Identifiable Information provided to students orally or contained in patient medical records or maintained on the facility's electronic information system will remain confidential.

As a student, you are required to comply with the applicable policies and laws governing confidential information. Any violation of these laws will subject the student to discipline, which might include, but is not limited to, dismissal as a student and to legal liability.

In addition to this statement, each clinical facility may require you to sign an additional statement as you begin your clinical rotation.

### **Confidentiality Agreement**

As a student in an LSCS nursing program, I understand that I will have access to confidential information. I promise that:

1. I will use confidential information only as needed to perform my legitimate duties as a student.
2. I will not discuss client information outside of the clinical area and will confine any discussions to the educational conference.
3. I have participated in training regarding the privacy and security provisions of HIPAA.
4. I will safeguard and not disclose any access codes or authorizations that allow me to access confidential information.
5. I will make every effort to de-identify client information so that it cannot be connected back to the client to whom it relates.
6. I will not remove from the facility any facility generated client protected health information or individually identifiable information.
7. I will be responsible for my misuse or wrongful disclosure of confidential information and for my failure to safeguard any authorization to access confidential information. I understand that my failure to comply with this agreement may also result in my termination as a student.

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Student's signature

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Date

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Print Name

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LSCS Nursing Program