



Confidentiality Agreement STUDENT/FACULITY

, (please print)	a (<i>please circle</i>) □ Student □ Facult	ry of,
understand that during my e	ngagement with the Healthcare Facility (Member of the	e FVHCA), I may have access to or come
n contact with confidential p	patient, business, practitioner, or provider information.	The Healthcare Facility defines
'confidential information" to	include any and all information incorporated in or pert	taining to:

- 1. Patient identities, diagnoses, treatments, or other patient medical or health services.
- 2. Medical Records
- 3. Practitioner or provider practice review information.
- 4. Claims, claim payment and/or reimbursement data and information.
- 5. Proprietary business information, customer identities, business, or strategic plans.
- 6. Healthcare Facility financial information.
- 7. Policies, procedures.

This information may be in any form (e.g. oral, written or electronic) and any format (e.g. individual records, summaries or consolidated reports, and/or internal or external report(s).

Student/Faculty agrees to maintain strict confidentiality of any accessed information as described above and disclose it to third parties only if; a) authorized in writing by Healthcare Facility and, as appropriate, by the patient, practitioner, or provider involved, and/or b) as required by law. This can include, but is not limited to, protecting, and holding confidential patient information unless parties have authorization to that information, accessing only information that is necessary to perform duties as Student/Faculty, and discussing a patient's medical information only with those directly involved in that patient's care.

In addition, such information should not be transferred to or from, or stored within, any form of personal technology (e.g. personal computers, laptops, cell phones, etc.), nor should it be shared in any form of social media (e.g. Facebook, YouTube, etc.)

I also understand that I am not allowed to access my own patient care record or those of any of my family members or friends/acquaintances without following proper release of information or record viewing procedures.

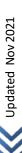
I understand that I will be subject to, and agree to abide by, the same rules, regulations, policies, procedures, and standards of clinical agencies as are established for the organization's employees in matters related to confidentiality.

The organization may, in its sole discretion, terminate my participation in clinical education at the agency for breach of any of the above. I further understand that I could be subject to legal action, including but not limited to lawsuit for invasion of privacy, or unauthorized access or disclosure of confidential patient healthcare information.

Student/Faculty shall, within seven days of discovery of any use, disclosure or contact with any confidential information, report any such use, disclosure or contact to the Healthcare Facility.

Student/Faculty understands that failure to maintain confidentiality may result in liability to Healthcare Facility as well as its patients, practitioners, and providers, and legal action may be taken. The Student/Faculty further agrees to hold harmless and protect Healthcare Facility against any and all claims for damages resulting from any unauthorized disclosure of such information. Student/Faculty understands this obligation survives the termination of Student/Faculty's engagement, and contractor dealings with Healthcare Facility.

information. Student/Faculty understands this obligation contractor dealings with Healthcare Facility.	survives the termination of Student/Faculty's engagemen
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Student or Faculty Signature	Date
Your electronic signature is accepted and acknowledges your agreement.	







FVHCA On-line Orientation Modules: Confirmation of Completion

	STUDENT/FACULTY	
signing below, I certify that I	(please print name) certify that I have complete. AA, Compliance, Infection Control, Blood Borne I am responsible for understanding the information with facility policies will result in disciplinary at the clinical experience.	Pathogens, Safety, and Professionalism. By on contained in all modules. Falsifying this
I also know that I am accoun be placed.	table for completing the separate on-site orient	tation for each respective facility where Imay
Student or Faculty Signature	Date	

Your electronic signature is accepted and acknowledges your agreement