



CONFIDENTIALITY AGREEMENT

The Michigan State University Athletic Training Program maintains records and computer systems that contain confidential information pertaining to patients. This health information is required by law to be protected. Individuals who have access to this patient information must be aware of their responsibilities and agree to abide by MSU Athletic Training policy and procedures protecting the confidentiality of this information.

I, _____ (Printed Name):

Accept responsibility for maintaining the confidentiality of all patient information. I acknowledge that during the course of my clinical experience and work I may have access to confidential patient, business, and financial information that should only be viewed as necessary for the performance of my job and only disclosed according to MSU Athletic Training policies and procedures.

I will maintain and store documents and computer media in such a way as to insure there is no intentional or inadvertent access by others (lock information to desks, file cabinets, or other secure areas).

I will assure that work areas are arranged such that paper documents, computer monitor screens, and documents in printers, faxes, and photocopiers are not viewable to the general public, patients, or unauthorized staff.

I acknowledge that oral conversations may be overheard and, thereby, violate the privacy of patients. Conversations in patient care areas, hallways, stairwells, elevators, eating areas, and other places of public gathering should be kept to a minimum in order to insure confidentiality is not violated. Conversations regarding patients should not occur with others in order to insure confidentiality is not violated.

I acknowledge that documents containing patient information shall not be recycled or thrown in the trash. Destruction of patient information contained on computers hard drives or diskettes shall be done in consultation with MSU Athletic Training staff members.

I will not release my user identification code and password to anyone or allow anyone to access or alter information under my identity; nor will I attempt to access information by using a user identification code or password other than my own. I also acknowledge that my user identification code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them.

I understand and acknowledge that intentional or unintentional disclosure of patient information, unless provided for by State or Federal Law, may result in disciplinary action including termination from the program.

I further acknowledge that under this agreement my obligation will continue after my termination from the MSU Athletic Training Program and that my privileges are subject to periodic review, revision, and renewal.

I have read and will comply with this agreement.

Signature

Date

Printed Name

Supervisor