

**CONFIDENTIALITY AGREEMENT**

**SHADOWING and SHORT-TERM OBSERVATIONAL EXPERIENCE**

Strong Memorial Hospital has a legal and ethical obligation to safeguard the privacy of all patients and to protect the confidentiality of their health information. While participating in your shadowing or short-term educational experience, you may have access to confidential patient information and it is important that you keep this information confidential. Strong Memorial Hospital requires you to sign this confidentiality statement to ensure that you understand your obligations to keep patient information confidential.

1. I understand that federal and state laws and regulations require that patient information be kept strictly confidential, and that this includes information that is spoken, written or in a computerized format. These laws and regulations require that patient information be accessed, used and disclosed only on a need-to-know basis. This applies to any information at all about a person's physical or mental health and the fact that they received health care, and even basic information such as the patient's name or where they live.
2. I agree that I will keep all patient information confidential and will use it only while I am at Strong Memorial Hospital and for the reasons I am present in the hospital. This means, among other things, that :
  - a. I will not access confidential patient information that I have no reason to access or know, for example, by reading any part of a patient's medical record without being told to do so by an appropriate hospital representative; and
  - b. I will not discuss any patient information with any person except as part of the shadowing or educational program in which I am participating at the hospital.
3. I understand and agree that my obligation to keep this patient information confidential lasts forever.
4. I understand that there are legal penalties for violating the patient confidentiality laws and regulations, and that these penalties may include payment of fines and imprisonment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Company or School \_\_\_\_\_

Parent Signature (if student is a minor): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SMH Department: \_\_\_\_\_