

CONFIDENTIALITY OF INFORMATION

NAME: _____

SCHOOL: _____

PROGRAM: _____

During the course of your educational experience at the Cleveland Clinic (CC), you may have access (direct and/or indirect) to confidential information concerning the Clinic's business (e.g., administrative, business development strategies, creative materials, communication plans, etc.), finances, patients and employees. This information may be in the form of verbal, written or computerized data. The safeguarding of such confidential information is a critical responsibility and expectation of you in your experience.

Further, under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), Protected Health Information (PHI) is any information created, received, and maintained by CC related to an individual's health care (or payment related to health care) that directly or indirectly identifies the individual. As such, PHI may be accessed only by those individuals who, within the scope of their job responsibilities, have a legitimate need for such information for purposes of patient care, research, education or administrative uses.

The acquisition, release, discussion or other use of confidential information for purposes other than to conduct normal authorized business activities is strictly prohibited.

Compliance guidelines are the same for patient and non-patient data. Violation of confidentiality is a very sensitive matter and will be considered grounds for corrective action, up to and including immediate discharge.

I understand my obligation to maintain confidentiality of all such information, as well as the consequence for failure to do so. I also understand that I may be personally liable for up to \$50,000 for loss of protected patient health information (PHI) (verbal/written/electronic), and possibly face imprisonment.

Signature

Date

Parent/Guardian Signature (if under 18) Parent/Guardian Name (Please print) Date

_____ I am over 18 and am able to sign for myself