



HIPAA Confidentiality Agreement and Student Expectations

I. CONFIDENTIALITY STATEMENT

"I agree to hold confidential and protect all information regarding patients, former patients, employees, medical staff, volunteers, students, business matters, official documents/records and/or electronic communications of RPI. I will not share any information with unauthorized persons (per HIPAA regulations). I understand that this sharing of confidential information with unauthorized persons may be grounds for termination and may be punishable by fine or imprisonment under certain laws and/or regulations."

II. ATTESTMENT OF IMMUNIZATIONS

"I attest that all immunizations are current and that I can provide documentation of immunizations if necessary."

III. RESPECT THE EXPERIENCE

"I will wear professional dress (i.e. khakis and collared-shirt), show respect to patients and staff members by refraining from cell phone use, including phone calls, texting and pictures, and I will not use photographs involving any patients during my time spent observing."

_____ Printed Name Date

Signature