



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 that you 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 about a person’s physical or mental health, 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 purposes associated with this experience. This means, among other things, that :
 - a. I will not access confidential patient information that I have no reason to access or know.
 - b. I will not read any part of a patient’s medical record without being told to do so by an appropriate hospital representative.
 - c. 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: _____