**Health Information**

I, , acknowledge that the institution, Avera Heart Hospital of South Dakota is a trustee of health information. As a student in clinical or non-clinical rotation or directed studies, I must act as a trustee, guarding the confidentiality, accuracy, security, and integrity of all health information with which I am entrusted. If I violate this trust, I am subject to immediate termination of clinical experience and possible individual civil and/or criminal liability. Upon learning of any breach of confidentiality

by any employee or student, I will immediately report it to Human Resources.

In the course of my rotation, I will only discuss health information on a “need-to-know” basis with employees and other students in my group (if applicable); if I have any questions concerning which employees and/or students are within the scope of this circle of individuals who have a “need-to-know,” I will ask my instructor/supervisor **before** making any disclosures of information. I will not make any inquiries or attempt to access any health information (whether through files, computers, telephones, etc.) beyond that which involves my work and where I

have a “need-to-know.”

I will not discuss any health information outside the facility/company and will take care within the facility/company to guard against accidental disclosures that occur when conversations are overheard in break areas, restrooms, hallways, etc. I will not give personal opinions or speculate on the care or treatment given any patient of the Hospital, but will always tactfully refer the individual to the physician/team

leader/supervisor in charge of that patient’s care.

There are times when health information must be disclosed (pursuant to federal/state statute or regulation; reports of abuse/neglect; public health reports; written authorization for certain matters; judicial/administrative matters, etc.) However, I will bring any such request for

disclosure to my instructor, will contact the team leader/supervisor of the area, and will not take it upon myself to respond.

**Confidential Information and Hospital Property**

In addition to health information, I acknowledge that any confidential information which I learn in the course of my work is restricted to those persons inside the Company who have a “need-to-know” and must not be disclosed to any person(s) inside or outside the Hospital. Questions regarding the scope of individuals who “need-to-know” will be directed to my instructor, who will contact the team leader/supervisor of the department, before any disclosure. I will not make any inquiries or attempt to access any confidential information (whether through files, computers, telephones, etc.) beyond that which involves my work and where I have a “need-to-know.” I will never provide any confidential information (including patient information) to newspapers, magazines, TV, radio, or other forms of media, on the telephone or in person and will direct any such inquiry to the President or Chief Operating Officer of the Hospital. I understand that I breach this confidentiality; I am subject to disciplinary action up to and including immediate termination and possible civil/or criminal liability. As with any other policy

provision, if I observe or learn about a violation, I should report it immediately to Human Resources.

Upon completion of my clinicals with the Hospital, I will return all Hospital property and will not retain any Hospital property or confidential information or copies of same (including written, graphic, magnetic, digital, or other format on my personal hard drive, personal computer, diskettes, electronic tape, or hard copies). Hospital property and confidential information include, but are not limited to, the following: financial statements; information regarding services provided and associated cost and volume; performance summaries and projections; marketing strategies and reports; planning and operation materials; contracts and agreements; design, plans or specifications for a hospital or other health care facility; identity of vendors, third party payors or customers and associated terms of agreement with same; budgeting models and analyses; computer programs and databases; customer, patient or employee lists and related information; and policy

and procedure manuals.

I have read this Confidentiality Statement for Students, and have had the opportunity to have any questions answered, which I may

have at this time. Should questions arise in the future, I understand that I should contact my instructor.

Student Signature

Date

School

AHHSD Dept.

**Confidentiality Statement for Students**