

Marion Technical College
Health Programs
Student Agreement to Respect Confidentiality, Privacy, and Security

Maintaining confidentiality, privacy, and security is a key principle in today's health care setting. The purpose is to promote trust in professional relationships between patient/family members and individuals working in the health care environment, facilitate truthful and complete disclosure of information by patients, and protect patients, health care providers, and health care facilities from harm by preventing disclosure of information. Some information may be harmful to an individual's reputation, personal relationships or employment.

Confidentiality carries the responsibility for limiting disclosure of private matters. It includes the responsibility to use, disclose, or release such information only with the knowledge and consent of the individual. **Privacy** is the right of an individual to be left alone. It includes freedom from observation or intrusion into one's private affairs and the right to maintain control over certain personal and health information. **Security** includes physical and electronic protection of the integrity, availability, and confidentiality of computer-based information and the resources used to enter, store, process, and communicate it; and the means to control access and protect information from accidental or intentional disclosure.

Confidential information includes but is not limited to: patient information, medical records, hospital/medical office information, pharmacy, physician information, employee records, and any situation which may be encountered in the course of your clinical/practicum experience and on campus. Maintaining confidentiality means to share information only with other healthcare professionals who have a "need to know" the information to provide proper healthcare for that patient and/or to conduct business within the health care setting. Obtaining and sharing information in which there is not a "need to know" is a violation of confidentiality. Sharing any information about your clinical practicum site or staff is a breach of confidentiality. To insure confidentiality, privacy, and security, cell phone usage is not permitted during observation hours or while in any professional practice experience.

Information that is a benefit to the learning experience may be shared with an instructor or other students as part of a classroom assignment. Information must exclude patient identifiers/confidential information. As part of a learning experience, this would be considered a legitimate "need to know". Sharing this information outside of class is a breach of confidentiality.

A common way in which information is shared unnecessarily is through casual conversation. Sometimes a patient or a situation is very interesting and information is shared with one's own family, friends, or co-workers who are not involved with that patient. Simply mentioning that you saw an individual in a healthcare setting is considered a breach of confidentiality. Other times, information is shared inadvertently. Two employees, both needing to know information about a patient, discuss the case in the elevator or in the cafeteria, and a visitor overhears the information. This illustrates why it is imperative to limit clinical discussions to non-public areas.

Records such as any part of a patient's chart, are not to be read by individuals other than those having a "need to know". Retrieving information from a computer also falls into this category. A "need to know" refers specifically to work needs. Looking up lab results for a friend or a family member is not acceptable "need to know". Friends and family need to learn of their testing results from the ordering physician.

Agreement requiring student signature:

I, _____ have read the above information regarding confidentiality, privacy, and security and I understand the importance of keeping all information I encounter during observation or a professional practice experience in confidence. I agree to maintain confidentiality in the healthcare site and will not divulge any healthcare information outside the healthcare site. I will not access or try to access patient or healthcare information without the approval of the professional practice site. I understand that cell phones are not permitted during observations or a professional practice experience. I will not remove records, papers, medications or specimens from the healthcare site without permission. I will not take notes of any confidential information and remove it from the healthcare site. I agree that I will not take pictures of patients or of confidential information. I agree to use caution when discussing confidential matters in the healthcare site to avoid being overheard in any public area. I understand that violating this policy may prohibit me from admission to any MTC allied health program, or result in my removal from the professional practice, a failing grade, and dismissal from the program. I will continue to maintain confidentiality, privacy, and security with any information I encounter during my learning experience after I have completed my courses at Marion Technical College.

Print Name: _____

Date _____

Signature: _____

Health Directors: Confidentiality

Agreement 4.15.16