



GIVING LIFE TO POSSIBLE

CONFIDENTIALITY STATEMENT STUDENT OBSERVERS

The federal Health Insurance Portability and Accountability Act (“HIPAA”) and its related laws and regulations including the Texas Medical Records Privacy regulations were established to protect the confidentiality of medical and personal information – called protected health information, and to specify that such information may not be disclosed except as authorized by law or unless authorized by the patient. These privacy laws and regulations provide, generally, that patient information may not be disclosed except to carry out treatment, education, research, public health, or health care operations activities without obtaining the patient’s authorization. All student observers are required to agree to and sign this confidentiality statement.

I _____ understand that as an observer for educational purposes at Baylor College of Medicine, I may see or hear confidential information such as, but not limited to, medical information, medical history, treatment reports etc.) about a patient, verbal discussions about patient care, and electronic communications that include confidential patient information.

1. I acknowledge that it is my responsibility to respect the privacy and confidentiality of the protected health information I may be exposed to from Baylor College of Medicine.
2. I will not access, use or disclose patient information outside of my educational experience or outside of the services I am providing to Baylor College of Medicine.
3. I will not remove any protected health information, nor fax or make any copies of protected health information.
4. I agree to not disclose/speak about the protected health information seen as part of my services to any other individuals, e.g.: family, friends, church members or community members.
5. I agree to not share the protected health information in any social media venue e.g. Facebook, Twitter, IM messages.
6. I understand and acknowledge that should I breach any provision of this Confidentiality Statement, I may be subject to civil and/or criminal liabilities.
7. I understand that I am required to immediately report any information that I have about unauthorized access, use and/or disclosure of any and all confidential information to the Baylor College of Medicine Privacy Officer at privacycompliance@bcm.edu

*Observer’s Signature

Date

Observer's Printed Name

**If student is under 18 years of age, a parent/guardian signature is required.*

I am the parent/guardian of the student named above and I agree to be responsible for my child's inappropriate access, use, or disclosure of confidential information during his/her participation at Baylor College of Medicine.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

I am the parent/guardian of the student named above and I agree to be responsible for my child's inappropriate access, use, or disclosure of confidential information during his/her participation at Baylor College of Medicine.

Parent/Guardian Signature: _____
Date

Parent/Guardian Printed Name: _____