



THE UNIVERSITY
OF TEXAS
AT ARLINGTON
School of Nursing

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THE UNIVERSITY OF TEXAS AT ARLINGTON SCHOOL OF NURSING

STUDENT CONFIDENTIALITY AGREEMENT

Patient and organization confidentiality at facilities associated with The University of Texas at Arlington School of Nursing is considered to be of primary importance. Patients, families and organizations have the right to deal with their issues in a private and secure manner, trusting that privacy will be maintained.

In addition to each facility's confidentiality policy, the federal law Health Insurance Portability and Accountability Act (HIPAA) requires patient health information to be kept confidential. Patient confidentiality includes, but is not limited to:

- Not discussing patients or their medical conditions with persons who do not have a need to know
- Not removing any documents with individually identifiable patient data from the facility.

Health information gained as part of learning activities using standardized patients or actors is treated with the same degree of confidentiality as patient and/or family information under *HIPAA*.

In order to protect these rights to confidentiality and to comply with federal and state laws I agree:

- To treat all patient and organization information gained or exposed to through class activities or course requirements as confidential information.
- I understand that I have a legal responsibility to report to my immediate supervisor any adult, elder or child abuse or neglect which I may observe or suspect.
- I understand the terms of this Student Confidentiality Agreement, and I agree to abide by the above confidentiality requirements.
- I understand that any breach of patient or organization confidentiality may result in disciplinary action against me and my removal from the clinical site to which I have been assigned.

Printed Student Name

Student Signature

DATE