



THE UNIVERSITY OF TEXAS AT ARLINGTON

SCHOOL OF NURSING

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STUDENT CONFIDENTIALITY AGREEMENT

Patient confidentiality at the facilities used by the University of Texas at Arlington School of Nursing is considered to be of primary importance. In addition to each facility policy, a federal law called the Health Insurance Portability and Accountability Act (HIPAA) require patient health information to be kept confidential. Additionally, patients and their families have a right to deal with their issues in a private and secure manner, trusting that their privacy will be maintained. In order to protect this right to confidentiality and to comply with federal and state laws, students must agree to hold all information (including, but not limited to, patient names, their medical information, and relevant agency information) gained through their clinical assignments at any facility used by the University of Texas at Arlington School of Nursing in strictest confidence. Confidentiality includes, but is not limited to, not discussing patients or their medical conditions with persons who do not have a need to know and not removing any documents with individually identifiable patient data from the facility.

I understand that I have a legal responsibility to report to my immediate supervisor any adult or child abuse or neglect which I may observe or suspect.

I also understand the terms of this Student Confidentiality Agreement, and I agree to abide by the above confidentiality requirements. I further understand that any breach of a patient's 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