

	Athletic Training Department Academic and Clinical Education Policy & Procedure	Approved Signatures & Date: Department Chair: _____ College Dean: _____			
	Policy Title: Patient Confidentiality (ATEP.Clinical P&P.Patient Confidentiality.wpd)	Date Effective: 08.01.02	Date Replaces: 3.16.04	Policy Number: 05.05	Page: 1 of 1

Section: Clinical Education Policies and Procedures

Subject: Patient Confidentiality

Purpose: To define behavioral expectations of students as it applies to the Athletic Training Education Program.

Policy:

The student is not to release any information verbal or written regarding the patient/athlete. Failure to adhere will lead to an investigation by the Program Director. Procedure for Resolution of an Incident of Non-academic Misconduct will be followed.

A signed Confidentiality/Security Agreement must be on-file.

Confidentiality/Security Agreement

Introduction

The Department of Athletic Training at Southwest Baptist University will provide general education related to the Health Insurance Portability and Accountability Act (HIPAA) for the student prior to participation in their clinical experience at the clinical facility, as required by law and as determined appropriate by the University faculty.

The clinical site will provide specific HIPAA training as it relates to the site's policies and procedures to the student(s) during their initial orientation.

Southwest Baptist University's Athletic Training Education Program and its affiliated clinical sites contain confidential information pertaining to student-athletes/patients, health care professionals, the Athletic Department, student records, and the Athletic Training Department. These systems may include computer hard drives, removable media storage mediums, filing cabinets, and medical records. This information is a major asset to Southwest Baptist University and it's affiliated clinical sites and is required by law to be protected. The use of information systems is shared by many individuals and imposes many obligations. A task of this Confidentiality/Security Agreement is to inform individuals of who use these resources of their responsibilities and to secure their agreement to abide by the associated policies and procedures.

I, _____
(Print Name)

I WILL:

- Only disclose information, verbally and in written form, to those authorized to receive it;
- Respect the privacy and rules governing the use of any information accessible through an information system or computer network and only authorize information necessary for performance of my job;
- Report any violation of confidentiality of computer usage;

- Respect the ownership of proprietary software;
- Respect the finite capability of the systems and limit my use so as not to interfere unreasonably with the activities of others;
- Abide by all procedures and policies established at SBU and all affiliated sites.

(Student's Initials)

I WILL NOT:

- Exhibit or divulge the contents of any record or report except to fulfill a work assignment;
- Attempt to access information by using a user identification code or password other than my own;
- Remove any records, reports, or copies from their storage location except in the performance of my duties;
- Release my user identification code or password to anyone or allow anyone to access or alter information under my identity;
- Use these resources to engage in illegal activities, or harass anyone;
- Allow unauthorized use of information maintained, stored or processed by Southwest Baptist University or its affiliated clinical sites;
- See personal benefit of, or permit others to benefit personally by any confidential information or use of equipment available through my work assignment;
- Remove any documents from Southwest Baptist University or any of its affiliated clinical sites, for any reason, without prior consent from the assigned approved clinical instructor or clinical instructor.

(Students Initials)

I UNDERSTAND:

- That the information accessed through all Southwest Baptist University and its affiliated clinical site's information systems contains sensitive and confidential patient, business, financial, and/or employee information;
- That I am responsible for logging out of computer information systems and will not leave unattended a display device to which I have logged on;
- That all access to information systems will be monitored;
- That my user identification code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them;
- That my obligation under this agreement will continue after termination from the ATEP;
- That violation of this agreement is subject to disciplinary action (including dismissal) and may be subject under penalties of state and federal laws and regulations.

(Student Initials)

By signing, I pledge that I have read, understand, and will comply with Southwest Baptist University's Department of Athletic Training's Confidentiality/Security Agreement

(Student's Signature)

Date