

Student Confidentiality Agreement

This Agreement requires students at Cincinnati Children's Hospital Medical Center (CCHMC) to comply with legal regulations and CCHMC policies and procedures regarding the confidentiality of CCHMC Confidential Information. Confidential Information includes but is not limited to protected health information (PHI) such as patients' personal, medical, and billing information and CCHMC's proprietary information (including clinical, research and business practices, reimbursement or other trade activities), whether that information is verbal, written, printed, or electronic or electronically stored.

As a condition of my affiliation as a student and/or precepting faculty member with CCHMC, I agree as follows:

- I will use and disclose Confidential Information only if such use or disclosure complies with CCHMC Policies and Procedures, and is required for the performance of my responsibilities as a student or precepting faculty in the care and treatment of patients. The use and disclosure of PHI for the purpose of care and treatment of patients does not include the use or disclosure of PHI for educational endeavors such as writing educational reports for my course of study or engaging in seminars and presentations in the educational setting.
- Since the use of PHI and Confidential Information includes access, I will not access or view any PHI or Confidential Information other than what is required to perform my responsibilities as a student and/or precepting faculty in the care and treatment of patients.
- I understand that any Confidential Information that I access or view at CCHMC does not belong to me.
- I understand that I have received a unique identification code, called a Username, as well as a Password to be used to access CCHMC electronic systems. **I understand that it is extremely important I keep my Username and Password completely confidential.** If at any time I feel that the confidentiality of my Username and Password have been compromised, I am responsible for immediately contacting CCHMC. If CCHMC discovers that I have inappropriately shared my Username and Password, or that I have misused or abused my access privileges in any way, CCHMC, without prior notice, may discontinue my use and report my actions to the Department of Health and Human Services, or others as required by law or regulation. I am aware that CCHMC has the right to review, audit, and act upon any inappropriate use of system access or use or disclosure of Confidential Information, including PHI.
- I will not discuss any information pertaining to PHI in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the

cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any PHI in public areas even if specifics such as patient's name are not used.

- I agree to use all reasonable and necessary safeguards to insure the confidentiality of any CCHMC Information. I will take appropriate precautions to ensure that patients, visitors, or other unauthorized personnel will not be able to view any CCHMC Information, for instance, by ensuring that unauthorized individuals will not be able to see the computer screen during access to PHI. I will logout or secure any system or device accessing CCHMC Information when the system, device, or application is not in use.
- I will not make inquiries about any PHI for any individual for whom I am not authorized to have such information as a part of my involvement in patient care and treatment. In addition, I will not ask other individuals to obtain PHI or other Confidential Information knowing that that person does not have the authority to access such information on my behalf.
- I will not make any unauthorized and/or unsecure transmissions, copies, or disclosures of Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Confidential Information from CCHMC's computer systems to unauthorized and/or unsecure locations (for instance, my personal e-mail or social media).
- Upon termination of my affiliation with CCHMC, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to my precepting faculty and CCHMC. I understand that it is my obligation to return all PHI to my precepting faculty and CCHMC upon completion of my clinical rotation at CCHMC.
- I agree that my obligations under this Agreement regarding Confidential Information will continue after the termination of my affiliation with CCHMC.
- I understand that any violation of this Agreement may result in disciplinary action, up to and including termination of my affiliation with CCHMC and/or suspension, restriction or loss of privileges in accordance with CCHMC Policies and Procedures, as well as potential personal civil and criminal legal penalties.
- I am aware that CCHMC reserves and intends to exercise the right to review, audit, intercept, access, and act upon inappropriate use of CCHMC's electronic systems at any time, with or without user notice and that such access by CCHMC may occur during or after working hours.