

CONFIDENTIALITY STATEMENT

Job Shadowing Students

Career Shadowing Students (hereafter referred to as “student”) shall maintain patient and all other confidential information in compliance with applicable legal and ethical standards. Student may have access to confidential, sensitive and proprietary information. Every student and employee has an obligation to protect and safeguard confidential, sensitive and all other St. Luke’s information to prevent its unauthorized disclosure. All students at St. Luke’s Hospital shall conduct themselves in accordance with the principle of maintaining the confidentiality of patient information and in compliance with all applicable laws and regulations. Therefore, St. Luke’s requires all students to read and agree to the following confidentiality procedures:

- I understand that patient care information, whether in written, verbal, or electronic form, may be accessed only by authorized St. Luke’s employees and other authorized individuals.
- I understand that I may be exposed to private patient information and must guard it appropriately. Reasonable safeguards include, but are not limited to, keeping patient information secure, private, and out of public viewing and not discussing patient-specific issues in public areas.
- I understand that all data and information, whether on computer, non-computer systems or media, is the property of St. Luke’s Hospital.
- I understand that all St. Luke’s information is to be maintained in strictest confidence and is not to be discussed with anyone other than the appropriate personnel, and may not be shared with others outside the shadowing assignment.
- I understand that if I have questions with respect to specific instances of release or discussion of confidential information, I will direct them to my shadowing partner.
- I agree to comply with all policies (fax, e-mail, etc.) regarding the release and disclosure of protected health information (PHI).
- I understand that violations of confidentiality will result in terminating my shadowing experience.

My signature acknowledges that I have read and understand the above and agree to abide by this Confidentiality Statement.

Student’s Name (Please Print)

Student’s Signature

Date

Parent/Guardian Signature (required if student under 18)

Date

Witness Name (please print)

Title

Witness Signature

Date