

**NORTHWESTERN STATE UNIVERSITY
COLLEGE OF NURSING
PRIVACY STATEMENT AGREEMENT**

I _____ understand that I have a legal and
(student/faculty)

ethical responsibility to safeguard the privacy of all clients and protect information defined as private and confidential. I understand that private and confidential information includes verbal communication, documented material such as that found in medical records as well as computerized information available in healthcare facility computer systems. I understand that private and confidential information must be maintained in the strictest confidence and agree to protect this information by:

- limiting discussion of protected health information to private areas and conference rooms where such information cannot be overheard; if speaking in a public area, all attempts will be made to maintain privacy (speaking quietly, facing away from others)
- not discussing protected health information outside the health care facility unless such discussion is with an appropriate faculty member and in private;
- not discussing protected health information with other students;
- ensuring that computer screens with protected health information are facing away from public areas, are not left unattended, and logging out of all computers when documentation is completed;
- not using another person's user name or password to document client information;
- not sharing or revealing unique user identification or passwords with others and not documenting using another person's user identification and password;
- not accessing any medical record without appropriate need and approval;
- refraining from copying any part of the medical record for use outside of the health care facility; necessary health information will be handwritten directly on to the care plan or other document;
- refraining from putting a personal identifier (name, medical record number, address, telephone number etc.) on any paperwork associated with the College of Nursing; client initials may be used; however, no room number or healthcare facility name/unit;
- not transmitting any protected health information via electronic or wireless media;

I understand that failure to comply with this agreement may result in disciplinary action, including dismissal (students) or termination (faculty) from the College of Nursing.

Student/Faculty Signature

Date

Sources:

U.S. Department of Health and Human Services Office for Civil Rights (2002). *Standards for Privacy of Individually Identifiable Health Information* (unofficial version), 45 CFR Parts 160 and 164, pp. 1-31.

Louisiana State University health and Sciences Center (2003). *Confidentiality Agreement*.

