



Student Observer Confidentiality Statement

The "Health Insurance Portability and Accountability Act of 1996" (HIPAA) was enacted to protect patient privacy. The rule is based on the premise that all patients have the right to confidential care and it serves to protect the patient's medical records and other protected health information (PHI). HIPAA regulations define PHI as "any information, whether oral or recorded in any form or medium... created or received by a health care provider regarding the physical or mental health condition of an individual."

Mary Lanning Healthcare is a trustee of health information. During your experience with us you will directly and indirectly become knowledgeable of patient and hospital information. As an observer at Mary Lanning Healthcare with access to patient information, you agree to maintain the confidentiality of all information that is obtained, including a patient's medical, financial, and personal information.

During your visit, you may only discuss health information as necessary and with those who have a "need to know", for purposes of your class or program. You must ask your instructor/supervisor before making any disclosures of information. You may not make any inquiries or attempt to access any health information (whether through files, computers, telephones, etc.) beyond that which involves your work. You will not discuss any health information outside the facility and will take care within the facility to guard against accidental disclosures that occur when conversations are overheard in break areas, restrooms, hallways, etc.

Additionally, you must also abide by confidentiality relative to the business of each department and the hospital in general. The use of discretion in all matters regarding patients, doctors, hospital personnel and the public is imperative. Observers are bound by Mary Lanning Healthcare Policy ADM115.00 Behavioral Code of Conduct.

By signing below, I understand that both Nebraska and Federal Law protect the confidentiality of Protected Health Information and that I will be personally liable for any breach of duty.

Please Print:

Name: _____

School: _____

Department Observing: _____

Signature: _____ Date: _____