



College of Nursing and Health Sciences Confidentiality Agreement

As an individual who provides professional care, you may have access to confidential information of clients/students (e.g., biographical information, financial information, medical history, educational records, etc.). You are expected to protect the confidentiality, privacy, and security of these individuals and follow guidelines below as well as those of agencies/schools with which you work.

You will use confidential information only as needed to perform duties as a member of the faculty or as a registered student in the programs with the College of Nursing and Health Sciences. This means, among other things, that:

- You will only access confidential information for which you have a need to know.
- You will respect the confidentiality of any verbal communication or reports printed from any information system containing clients'/students' information, and handle, store, and dispose of these reports appropriately at the University or associated agency/school.
- You will not in any way divulge, copy, release, loan, alter, or destroy any confidential information except as properly authorized within the scope of your professional activities.
- You will carefully protect all confidential information. You will take every precaution so that clients, students, their parents, or other persons do not overhear conversations concerning professional care/education or have the opportunity to view records.
- You will comply with all policies and procedures and other rules of the University and associated agencies relating to confidentiality of information and access.
- You understand that the information accessed through all information systems contains that which is sensitive and confidential and should only be disclosed to those authorized to receive it.
- You will not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.

You understand that violation of this Confidentiality Agreement may result in disciplinary and legal action with fines. By signing this, you agree that you have read, understand, and will comply with the Agreement.

Print name: _____

Signature: _____

Date: _____

Witness name: _____

Witness signature: _____

Date: _____