



CONFIDENTIALITY STATEMENT (For Students/Volunteers)

As a student or volunteer performing duties at **Santa Rosa Memorial Hospital**, you will have access to the protected health information (PHI) of patients. Federal and State laws, including HIPAA and other policies and procedures created internally, protect the privacy and security of this PHI, including the fact that an individual was a patient at **Santa Rosa Memorial Hospital**. It is illegal for you to use or disclose PHI outside the scope of your duties at **Santa Rosa Memorial Hospital**. This includes oral, written, or electronic uses and disclosures. Below are some guidelines that you must be familiar with regarding the use of a patient's PHI.

1. You may use PHI as necessary to carry out your duties as a student/volunteer;
2. You may share PHI with other health care providers within **Santa Rosa Memorial Hospital** for the direct treatment of the patient;
3. You may NOT photocopy or otherwise permit PHI to be duplicated in any way;
4. You may NOT photograph patients;
5. You may NOT share your user ID or password
6. You must access only the minimum amount of PHI necessary to care for a patient or to carry out an assignment;
7. You may NOT record PHI such as patient names, dates of birth, addresses, phone numbers, Social Security numbers, etc. on any assignments you may need to turn in to your instructor, reports you may need to turn in to your program, or forms you may need to take with you; diagnosis is allowed when required by the clinical assignment, e.g., care plans.
8. You may only access the PHI of patients for whom you are caring/volunteering when there is a need for the PHI;
9. You must be aware of your surroundings when discussing PHI. As an example, it is inappropriate to discuss PHI in elevators, bathrooms, the cafeteria, and any other place for which your discussion may be overheard;
10. When disposing of any documents with PHI, do NOT place them in the trash can. Instead, the documents should be placed in the proper containers marked for shredding or another disposal container as set forth by policy and procedures for your specific department;
11. If you have questions about the use or disclosure of PHI, contact **Brandon Klein, Executive Director Regional Compliance Services at (669) 699-1850**.

Please read, sign, and date this acknowledgement. Return it to Supervisor / Instructor where it will be filed and you will receive a copy.

Acknowledgment

I have read and I understand the information in this document. I realize that there are penalties for which I may be subject, including criminal, for the unauthorized use and disclosure of PHI. I agree to abide by the guidelines described above when performing my duties at Santa Rosa Memorial Hospital.

Name (Print): _____ Date: _____

Signature: _____