

## HIPAA Confidentiality Agreement

The purpose of this document is to notify patients, interviewees, vendors, and contractors of the legal regulations outlined by the Health Insurance Portability and Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA).

### UNDERSTANDING HIPAA

- I. HIPAA is a federally mandated program and is not optional. Federal regulations require all individuals who have access to confidential patient information to maintain the confidentiality of all patient information.
- II. HIPAA explicitly refers to protected health information. Protected Health Information (PHI) is any information, in any format, that could identify an individual patient. This information includes, but is not limited to the patient's name, age, date of birth, gender, address, phone number, attending physician and diagnosis.
- III. A breach of confidentiality occurs when someone discusses any PHI about or regarding a patient with another individual for reasons other than patient care requirements.
- IV. Any violation of HIPAA compliance could result in criminal prosecution. To review all information regarding HIPAA, including a full list of rules and regulations, visit: <http://www.hhs.gov/hipaa>.

### UNDERSTANDING OSHA AND INFECTION CONTROL

- I. The goal of the Infection Control Program is to reduce the risk of infection for career observers to exposure of infectious bodily fluids or tissue during their observational experience.
- II. All external parties involved in the observation of patient treatment or care must maintain the same standards and requirements as care providers with regard to hand washing, following care providers from patient to patient, and at the end of the observation/work experience prior to leaving. This may also require students to wear safety (latex) gloves, goggles, or face masks.
- III. To review all information regarding OSHA, visit: <https://www.osha.gov/>.

By signing this document, I maintain I have read and understand the policies of HIPAA and OSHA. I acknowledge that my time at IVX Health may put me in direct contact with Protected Health Information, and therefore understand that all I see and hear is confidential. I understand that it is imperative I do not interfere with or disrupt patient care in any way and will leave the area promptly if asked to do so. I am aware that there are risks involved in being present in a patient care setting. These risks include, but are not limited to, exposure to common viral and bacterial infections and airborne and blood borne pathogens.