



## Confidentiality Statement

I understand that it is the responsibility of each student to protect, preserve, and maintain the confidentiality of any and all patient information. Patients have the legal right to expect all of their medical and any other information to be handled in a confidential manner at all times.

### **PATIENT INFORMATION**

(Initial here) \_\_\_\_\_

The discussion or narration of any patient information of a personal nature, medical or otherwise, is strictly prohibited, except as required in the regular course of study. Such conversations, therefore, shall not take place in any public or semi-public area such as cafeterias, elevators, lobbies, etc. Such conversations shall be held in a professional manner, only as appropriate and necessary to provide patient care.

Patient identifiable information obtained through the course of study may not be used or disclosed in any form. Any reference to the identity of the patient will not be included in any case presentation, journal, notes, or any other educational activities. Patient identifiers include: patient name, address, telephone or fax numbers, medical record number, account number, social security number, health plan number, birth date, name of relatives or employers, photographic images or any other information that could be combined to identify the subject of the health information. No student shall disclose information that by policy is not available to the public and/or that is acquired in the course of his/her studies with Hawaii Pacific University College of Health and Society or use such information for his/her personal gain or for the benefit of another, such as another student, a friend, spouse or relative.

### **STUDENT INFORMATION**

(Initial here) \_\_\_\_\_

I authorize Hawaii Pacific University College of Health and Society to provide my health/immunization record information to the appropriate department(s) at the facility(ies) where my clinical course(s) will be meeting. This authorization is in effect for the duration of my nursing studies or until revoked by me in writing.

### **FAILURE TO MAINTAIN CONFIDENTIALITY**

(Initial here) \_\_\_\_\_

I understand that any violation of these health care and business ethics shall constitute grounds for disciplinary action, up to and including dismissal from the nursing major and could result in civil or criminal liability. I acknowledge, understand, and agree to abide by the foregoing.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Witness Name \_\_\_\_\_

Signature \_\_\_\_\_