



Supporting Instruction: HR.06.007.01.03
Effective Date: 4/30/2004

CONFIDENTIALITY STATEMENT

As a student intern at Thompson Health, I understand that I will be working with or have access to patient/resident and/or associate information which is confidential. Federal and State statutes and regulations protect the private and confidential nature of patient/resident and/or associate information records.

Moreover, due to the ethical standard of a patient's, resident's and associate's right of privacy, I understand that information I may be exposed to during the course of my work may not be discussed outside the facility or with others within the facility who do not need to know the information for any business or patient/resident care reason.

I understand that anyone with access to patient or other sensitive information through E-mail, voicemail or our computer system must be keenly aware that this information is highly confidential. Accessing this information will only be done when it is absolutely necessary in order to provide patient/resident care, complete the patient's/resident's medical records or performs the duties necessary to complete my work assignments. Accessing this data must be done with discretion and users must be aware that a record may be maintained for all data accessed. Confidential data should not be copied or transmitted without appropriate approval.

Further, I understand that lack of discretion or unauthorized disclosure of confidential information concerning patients, residents, physicians, volunteers, visitors, fellow associates or Health System business is considered a major infraction of health system policy and may lead to disciplinary action, up to and including termination.

Student Intern Signature

Date

(Print name)

cc: File