

West Virginia Junior Nursing Academy

Student-Name of Facility

CONFIDENTIALITY AGREEMENT

I, (student name)_____ agree that any information or knowledge received by me during my experience at Name of Facility, while participating in the *West Virginia Junior Nursing Academy*, including but not limited to patient data and patient care information, Name of Facility's business affairs, methods of operation, and computer processing systems is "confidential information".

I agree to maintain the confidentiality of and not to talk about or use confidential information during and after my experience at Name of Facility.

I understand that information contained in written or electronic records is the property of Name of Facility and that patients have the right to expect that health records will be kept confidential. I agree to follow all Name of Facility policies and procedures regarding patient privacy. I understand that any violation of those policies could result in immediate dismissal from the *West Virginia Junior Nursing Academy*, as well as federal, civil and/or criminal penalties.

I further agree to the following:

- I am responsible for protecting the confidentiality of patient information.
- I will only access patient information that is necessary for my assignments and I will not disclose information to other students, faculty or employees of Name of Facility unless they need it to do their job.
- I will not discuss patient information in public places (for example, elevators or the cafeteria) or at home with my family.
- I will not talk about patients or give out patient information outside Name of Facility.
- If I have questions or concerns about patient privacy, I will contact the Director of the *West Virginia Junior Nursing Academy*.

I have read and understand all of the above information and agree to follow all of the rules related to confidentiality at Name of Facility.

Student Signature: _____

Print Full Name: _____ **Date** _____

Parent's statement: *"I have read the above agreement and discussed the importance of the above confidentiality agreement with my child."*

Parent's Signature _____ **Date:** _____