



ShadowMatch 111

Confidentiality Statement for Clinical Education Observers

The Federal Health Insurance Portability and Accountability Act (HIPAA), the State of California Confidentiality of Medical Information Act (CMIA, SB541, AB211) and related laws and regulations were established to preserve the confidentiality of medical and personal information, and to specify that such information may not be accessed, used, disclosed or viewed except as authorized by law or unless authorized by the patient. These privacy laws and regulations apply to all Health System personnel including students and observers. All students / observers are required to agree to and sign this confidentiality statement.

I understand that as a clinical education observer, that I am not permitted to have direct patient contact or to practice medicine. I acknowledge that I do not have medical staff privileges to practice medicine at _____. I understand that as an observer, I am not permitted to participate in direct or indirect patient care activities. These restricted activities include but are not limited to: hands-on patient care or medical equipment, access to medical information (medical charts, computer work stations, electronic medical record), instruments, medications, infusions, intravenous liquids, lab testing equipment, etc.

I understand that, as an observer for clinical education purposes, I may see or hear confidential information, such as medical information about a patient, verbal discussions about patient care, and electronic communications that include confidential patient information.

I acknowledge that it is my responsibility to respect the privacy and confidentiality of patient information and other personally identified information. I will not access, use, or disclose any confidential information outside of my educational experience at _____. I will not photograph, videotape or photocopy any patients or patient information.

I understand that if I breach any provision of this Agreement, I may be subject to civil or criminal liability under HIPAA and under State of California laws (AB211 / SB541) as well as personal fines and civil action.

Observer's Name / Student's Name (<i>Please Print</i>):	
Observer's Signature / Student's Signature:	
	Date: _____