

INGALLS MEMORIAL HOSPITAL CONFIDENTIALITY STATEMENT

To be completed by all students, residents, fellows, or preceptors affiliated with Ingalls Memorial Hospital. Please return the completed Confidentiality Statement to the Medical Staff Office.

Affiliation Period: _____, 20__ to _____, 20__

Ingalls Memorial Hospital (“Ingalls”) is responsible for protecting and safeguarding the confidentiality of any individually identifiable health information held or transmitted in any form or media, whether electronic, paper, or oral (“PHI”) as mandated under the Health Insurance Portability and Accountability Act (“HIPAA”). As an affiliate of Ingalls, you may have access to a patient’s PHI during the course of your clinical duties. In addition, you may have access to certain confidential employee, business related, or proprietary information (collectively, with PHI, referred to as “Confidential Information”).

Please carefully read the following statements and complete the bottom portion of this form.

I understand and agree that:

- It is my responsibility to respect and maintain the confidentiality of patient and other Confidential Information.
- I shall only access, use, or disclose Confidential Information in the performance of my assigned duties and where required or permitted by law, and in a manner which is consistent with Ingalls’ policies.
- I will discuss PHI only to the extent necessary to fulfill my clinical duties or with individuals involved in my clinical program in accordance with HIPAA, and will not discuss such information with individuals who do not have a clinical purpose to know about such information.
- When having discussions or exchanging information in the normal course of my duties, I will use discretion in determining the location of such discussions and in the tone of my voice.
- My obligation to safeguard Confidential Information survives the termination of my relationship or affiliation with Ingalls.
- If I breach any provision of this Confidentiality Statement, I may be subject to civil or criminal liability, and/or disciplinary action consistent with Ingalls’ policies, and/or removal from the clinical program.
- If a paper is written about my work at Ingalls and submitted for publication to any journal, I will submit it to the program coordinator at Ingalls for approval, such approval not to be unreasonably withheld. Any PHI used in such paper must be de-identified in accordance with HIPAA.

I hereby acknowledge that I have read and understand the foregoing statements and that my signature below signifies my agreement to comply with this Confidentiality Statement.

AGREED & ACCEPTED:

Signature

Printed Name

Address

Program/School

Dated: _____, 20__