

OVERVIEW OF PRIVACY POLICIES

University Medical Center (UMC) policy and federal regulations protect the privacy of our patients' and program participant's health information. The Health Insurance Portability and Accountability Act (HIPAA) is a set of federal rules that defines what information is protected, sets limits on how that information may be used or shared, and provides patients with certain rights regarding their information. UMC has its own policies that reflect these regulations as well as best ethical standards.

These rules protect information that is collected or maintained, (verbally, in paper, or electronic format) that can be linked back to an individual and is related to his or her health, the provision of health care services, and the payment for health care services. **Even the fact that an individual has received care at UMC is protected by UMC policy and federal regulations.**

UMC policy and HIPAA regulations limit the use or disclosure of protected health information to the following purposes: providing treatment, obtaining payment for services, certain health care administrative functions and when required or permitted by law. Any other use or disclosure of protected health information requires written authorization from the patient. For all uses or disclosures other than treatment, only the minimum amount of information necessary will be shared on a need to know basis. The UMC Notice of Health Information Practices describes to patients how we may use or disclose their health information and patient rights regarding their protected health information.

CONFIDENTIALITY AGREEMENT

As a visiting student, prospective employee, and/or researcher at UMC you are required to conduct yourself in strict conformance to all applicable laws and University of Alabama and UMC policies governing confidential information.

You will be granted conditional access to hear and view information related to UMC patients (such as charts and other paper and electronic records, demographic information, conversations, patient financial information, etc.). **Any patient information you see or hear, either incidentally or by attending observations must be kept strictly confidential. By signing below, you are acknowledging and agreeing to abide by UA and UMC policies regarding confidentiality of patient health information.**

As a condition of and in consideration of, my use, access, and/or disclosure of confidential information, I,

_____, understand and agree to the following:

- I will access, use, and disclose confidential information only as permitted by UMC faculty and staff. This means that I will only access, use, and disclose confidential information that I have been given authorization to access, use, and disclose.

- I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions will result in the termination of my privilege to observe and participate in observational programs in clinical areas and I may be subject to legal liability as well.
- My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: _____ Date: