



Confidentiality of Patient Information EMT Basic

Name (Please Print) _____

Policy Statement

Given the nature of the work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Mitchell Community College prohibits the release of any patient information to anyone outside of the organization and discussions of protected health information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include but are not limited to peer review, internal audits, quality assurance, and billing. I understand that Mitchell Community College's clinical agencies provide services to patients that are private and confidential and that because of what I may see, hear, and document, that I am a crucial step in respecting the privacy rights of patients in my clinical setting. I understand that it is necessary, in the rendering of patient care services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written, or photographic and that all such confidential information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure for treatment, payment and health care operations.

I agree that I will comply with all confidentiality policies and procedures set in place by Mitchell Community College during my classroom and clinical experiences and afterward, concerning patient information. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify my Clinical Instructor immediately. In addition, I understand that a breach of patient confidentiality may result in dismissal from class and an incident report submitted to the appropriate authorities with possible investigation by the U.S. government agencies assigned to police HIPAA matters.

I have read and understand all privacy policies and procedures that have been provided to me by Mitchell Community College. I agree to all conditions set forth in the agreement.

Signature _____ Date _____

Witness (Instructor) _____ Date _____