



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 West 14th Street, Tempe, AZ 85281-6942

PATIENT PRIVACY AND DATA SECURITY AGREEMENT

for MCCCCD Allied Health and Nursing Programs Clinical Training

Name (Print) : _____ Check One: Student Staff Faculty

College: _____

The discussions, uses, and disclosures addressed by this agreement mean any written, verbal, or electronic communications.

I understand that I am never to discuss or review any information regarding a patient at a clinical site unless the discussion or review is part of my educational program. I understand that I am obligated to know and adhere to the privacy and data security policies and procedures of any clinical site to which I am assigned. I acknowledge that health records, accounting information, patient information, and conversations between or among healthcare professionals about patients are confidential under law and this agreement.

I understand that, while in the clinical setting, I may not disclose any information about a patient during the clinical portion of my assignment to anyone other than the site's designated health care professionals.

I understand that I may not remove any original health record from the clinical site. I further understand that I may not remove any copy, in part or in total, of the health record without prior written authorization of the clinical site. Additionally, I understand that, before I use or disclose patient information in a learning experience, classroom, case presentation, class assignment, or research, I must exclude as much of the following information as possible:

- Names of the patient or the patient's relatives, employers, or household members
Geographical subdivisions smaller than a state
Dates of birth, admission, discharge, and death
Telephone numbers
Fax numbers
E-mail addresses
Social security numbers
Medical record numbers
Health plan beneficiary numbers
Account numbers
Certificate/license numbers
Vehicle identifiers
Device identifiers
Web locators (URLs)
Internet protocol addresses
Biometric identifiers
Full face photographs
Any other unique identifying number, characteristic, or code
All ages over 89 years

Additionally, I acknowledge that any patient information may only be used or disclosed for health care training and educational purposes at MCCCCD, and must otherwise remain confidential.

I understand that I must promptly report any violation of the clinical site's privacy policies and procedures, applicable law, or this confidentiality agreement, by me, or an MCCCCD student or faculty member to the appropriate MCCCCD program clinical coordinator or program director.

Finally, I understand that, if I violate the privacy policies and procedures of the clinical site, applicable law, or this agreement, I will be subject to disciplinary action.

By signing this agreement, I certify that I have read and understand its terms, and will comply with them.

Signed: _____

Date: _____