

## CONFIDENTIALITY AGREEMENT

The Appalachian State University Communication Disorders Clinic ("Clinic") is required to ensure that protected health information (including, but not limited to, medical records and insurance records that identify a client) is kept private. The right to confidentiality is guaranteed under the law. This statement applies to all faculty, staff, visiting professionals, volunteers, and graduate and undergraduate students.

As an associate of the Communication Disorders Clinic, I acknowledge that I may have access to highly sensitive and confidential protected health information. I further agree that I will maintain the confidentiality of protected health information contained in client records. I will use or disclose information of a confidential or personal nature to others only when it is legally permissible to fulfill the essential requirements of my job/clinical assignment, and then only on a strict need-to-know basis.

**As a condition of my association with the Clinic, I agree that I will not do any of the following:**

- Remove any records, reports, or copies of documents containing protected health information from their storage location except as needed for the performance of duties;
- Release my user identification code(s) or password(s) to anyone, or allow anyone to access or alter information under my identity;
- Access, use, or disclose confidential information for any personal purpose or out of curiosity, or allow others to do so;
- Take client information from the premises in paper or electronic form unless all identifying information has been deleted or appropriately coded.

**I further agree that I will:**

- Only use protected health information as needed to perform my job or the tasks to which I am assigned and will disclose this information only to those authorized to receive it;
- Report unauthorized disclosures of protected health information;
- Abide by all policies and procedures established to protect the privacy and security of protected health information;
- Maintain the confidentiality of protected health information under this agreement after the termination of my responsibilities to the Clinic.

*I have read the above statement and understand it. I understand that divulging confidential information to unauthorized persons may make me subject to civil or criminal penalties under applicable laws and regulations, suspension from further activities at the Appalachian State University Communication Disorders Clinic, and/or disciplinary action under applicable Appalachian State University policies.*

_____ Print Name	_____ Banner ID # (students)	_____ Phone #
_____ Signature	_____ Date	_____ Agency

Updated: 1/21/10