

## CONFIDENTIALITY AGREEMENT FOR STUDENTS AND OBSERVERS

Marianjoy has a legal and ethical duty to protect the privacy of all patients and the confidentiality of their health information. The purpose of this agreement is to help you understand your responsibility regarding confidential information that you may come in contact with as part of your learning experience at Marianjoy. This includes patient health information, business information, and management information. This form must be signed and the agreement adhered to in order to participate in a learning experience at Marianjoy.

1. I agree to only access patient information as needed for my learning experience.
2. I agree not to disclose or discuss confidential information, including patient health information, to any persons outside Marianjoy and only to persons at Marianjoy with a need to know the information.
3. If using patient information as part of an educational activity (i.e., class discussion, written composition), I agree to disclose only de-identified information with no identification of the specific patient or family possible.
4. I agree not to talk about confidential information where others may overhear the conversation, for example, in elevators or the dining room. I agree not to talk about patient health information in public areas, even if a patient's name is not used.
5. I agree to dispose of any written documents including personal notes that include any patient identifiable information in a confidential manner such as shredding.
6. If I become aware of any breach of confidentiality, I agree to promptly report it to Marianjoy's Privacy Officer at 630-909-8032.

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Signature of Student/Observer

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Date

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Printed Name