

UCSF Confidentiality Statement for Clinical Education Observer

The Federal Health Insurance Portability and Accountability Act (HIPAA), the State of California Confidentiality of Medical Information Act and related laws and regulations were established to preserve the confidentiality of medical and personal information, and to specify that such information may not be disclosed except as authorized by law or unless authorized by the patient. These privacy laws and regulations apply to all Health System personnel including students. All students are required to agree to and sign this confidentiality statement.

I understand that, as an observer for clinical education purposes, I may see or hear confidential information, such as medical information about a patient, verbal discussions about patient care, and electronic communications that include confidential patient information.

I acknowledge that it is my responsibility to respect the privacy and confidentiality of this information. I will not access, use, or disclose any confidential information outside of my educational experience at UCSF. I understand that I am required to immediately report any information I may have about the unauthorized access, use, or disclosure of confidential information to the UCSF Privacy Office (phone (415) 353-2750)).

I understand that if I breach any provision of this Agreement, I may be subject to civil or criminal liability.

Observer's Name/Student's Name (Please Print):

Observer's Signature/Student's Signature:

Date: _____

(If student is under 18 years of age, then parent/guardian signature is needed as well.)

I am the parent/guardian of the student named above and I agree to be responsible for my child's inappropriate access, use, or disclosure of confidential information during his/her participation at UCSF.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____