

## **Confidentiality Agreement**

Each person who observes, works, advises, or volunteers at Children's Hospitals and Clinics (Children's) is required to ensure confidentiality of information. It applies to all aspects of interactions at any Children's Hospitals and Clinics facility or function. Confidentiality must be maintained to past, present, and future information obtained by any means – oral (heard or discussed), paper (faxes, documents), and electronic (computer, PDA). Confidentiality extends to appropriate use of computer systems. Computer equipment and applications may be reviewed randomly for license compliance (all software licenses are to be filed with IT), system maintenance or appropriate use.

The obligation to maintain confidentiality pertains especially but not limited to the following:

- Patient and family information
  - Information from the medical record – all requests for copies of the medical record are to be referred to Data and Record Services
  - Business information, organizational documents or other sensitive information
  - Media communication - need to be referred to the Communications Department
- In consideration of your association with Children's and its affiliated entities, you (and your associates) agree, that during this time period and thereafter indefinitely, you shall not allow disclosure, direct or indirectly, of confidential information, obtained by any means, except where disclosure is required as part of your job or association, required by law, or with the written approval of Children's.
- Furthermore, you agree that at the end of this association, you shall promptly return to Children's any and all confidential information disclosed to you that is written, electronic or other form. You will continue to hold confidential any unwritten or oral information subject to the terms of this agreement.
- I understand any violation of this agreement may result in appropriate action.
- I have read the above statements and agree to abide by the obligations of confidentiality in regards to for any and all information.

**HIPAA:** The Health Information Portability and Accountability Act (HIPAA) is a federal regulation that promotes and ensures the confidentiality of patient and family information. It is required information that all staff and observers must be aware of. You will be hearing, seeing, and possibly reading protected health information (PHI) in which diagnosis, demographic/family information, and care issues are detailed. This information cannot be shared with ANYONE else.

**Social media policy:** Tools such as Twitter, Facebook, YouTube, CaringBridge, and LinkedIn, among others, may not be used to maintain contact with patients and families. This means no exchange of e-mail addresses, “friending” on Facebook, or following on CaringBridge. If you are asked to do any of these things by a patient or family member, please state that the hospital’s confidentiality policies do not allow you to do so.

**Cell phone & camera usage:** Please store your cell phone with your other personal belongings: do not take it with you during your observation shift. Personal use of cell phones for any function may only take place during breaks and must not take place in patient care areas or other work areas where such use would interfere with or distract from work responsibilities or patient care. Any use of a camera or audio/video recording device to record an image and/or sound recording of a patient, visitor, or employee is prohibited.

**School credit/assignments:** If using this experience to fulfill an academic requirement, please keep in mind that all assignments must adhere to Children’s confidentiality policy (i.e., patient names and/or other identifying information must be changed). Please note that your sponsor will not provide you with a letter of recommendation, performance evaluation, etc: if you need verification of your hours, please contact HCEP.

After reviewing the Observer Agreement on the day of your observation shift, the HCEP office or your sponsor will have you sign off to the following statement on your match confirmation form...

***I, \_\_\_\_\_, certify and acknowledge that I have reviewed th observation agreement. I understand that it is my responsibility to comply with the guidelines contained in this policy and any revisions made to it. I will uphold these guidelines and conduct myself in a professional manner. If I conduct myself in a manner other than what is outlined here, Children’s Hospitals & Clinics of Minnesota has the right to terminate my observation shift and/or limit future opportunities.***

Enjoy your observation experience!