



We know children.

Confidentiality Agreement

I agree to respect and abide by all federal, state, and local laws pertaining to the confidentiality of identifiable medical, personal and financial information obtained, no matter what form this information is in. I agree to adhere to all hospital policies and processes adopted to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) governing the privacy, security and use of protected health information (PHI). I agree to amend this Agreement or any separate agreement governing the exchange of demographic, insurance and billing information, as needed, to comply with such rules.

I understand that state and federal laws protect the confidentiality of this information and that I will be personally liable for any breach of these duties and may be held criminally liable under the HIPAA privacy regulations for intentional and malicious release of identifiable health information.

I understand that the electronic data and information stored in the computer systems may include confidential patient, financial, organizational, and practitioner data or information and I must treat them with the same care as data and information in paper records.

I understand that the misuse of my access to the computer systems of Children's Hospital, or of confidential information obtained, may subject me to corrective action.

Student Name (Print)	
Student Signature	
Date of Shadow	

*Return completed form to the Office of Education - OED@childrensomaha.org
