



ST. JOSEPH'S COLLEGE OF NURSING
at St. Joseph's Hospital Health Center
Syracuse, New York

SJCON: CONFIDENTIALITY POLICY FOR STUDENTS

You will be working with people in a variety of community settings as well as in client settings. You are obligated to treat all information regarding your clients as confidential. Do not discuss client situations with friends, family, classmates. Under **no** circumstances will you share names of clients or identifiable information with anyone.

*Regulations/Law require that all information and records about clients be kept confidential. This applies to oral, written, and electronic communication. By signing this document, I understand the following:

- All documentation, electronic or hard copy, as well as conversations regarding St. Joseph's operations, activities, business affairs and finances should be kept confidential at all times.
- Confidential business and patient information should never be the subject of public conversation and should not be the subject of private conversation at any time or place unless, in compliance with St. Joseph's policy, it involves my current role/job responsibilities.
- I agree not to discuss or share information about any patient's personal affairs or medical condition, including diagnoses and treatment, with anyone unless it is with someone directly involved with caring for the patient, they are reviewing records as part of their job or they present a valid authorization from Health Information Management (HIM).
- I know that I may not use or disclose any patient identifiable information of any kind on any Social Media. I understand that even if an individual is not identified by name within information I may use or disclose, there may be a reasonable basis that the person could still be identified from that information, therefore its use or disclosure would constitute a violation of the Health Insurance Portability and Accountability Act (HIPAA). I further understand that I may not initiate or accept a patient friend request(s) unless an in-person friendship *pre-dates* the treatment relationship.
- I know that any patient or hospital related information gained during the course of performing my job must be kept confidential.
- I agree not to ask questions for other people who do not have proper authority to access the information.
- Any requests for medical information must be referred to HIM.
- I agree not to look at patient records, including those of other employees, unless I am currently involved in the care of the patient or my role/job responsibility requires the review of that particular record.
- I agree not to let others look at records unless they are caring for the patient, review records as part of their job or present a valid authorization from HIM.
- I agree not to look through my own records. If I need to review my records I will contact HIM.
- Confidential business or patient information in electronic or paper form should not be printed or copied unless it is necessary and should never be left lying unattended.
- Confidential business and patient information must never be transmitted unencrypted.

- Confidential business or patient information must never be stored unencrypted on any mobile device such as laptop computers, tablet computers, USB storage, CD/DVD or smart phones.
- I understand and acknowledge that, in the case of electronic communications, my user login ID(s) and password(s) are the key to access. Therefore, my password(s) must be kept strictly confidential. This means:
 - I will not share my password with anyone, let anyone else use it or use anyone’s password except my own
 - I will change my password upon first use, at least every 90 days (when prompted), after being reset by an administrator or if I suspect it may have been compromised.
 - I will log off the computer and/or computer application before leaving the workstation.
- I agree not to send unsecured text messages that contain protected health information (“PHI”) to any person, staff or patient.
- I agree to access information solely in accordance with the policies and procedures of St. Joseph’s.
- I am responsible for securing confidential business and/or patient information regardless of the device used (e.g. computer system, mobile device such as a tablet or smart phone, mobile storage). Appropriate safeguards include but are not limited to locking my device when not in use, storing equipment locked and out of sight, using device passwords and encryption, positioning display devices so information cannot be viewed by others and using privacy screens.

I understand that every time I access a record in the computer, it is recorded in an audit trail. These audit trails are reviewed for inappropriate accesses. I understand that I am solely responsible for any and all activity performed using my ID(s) and password(s).

I, the undersigned, understand that as a condition of my enrollment at St. Joseph’s College of Nursing or my employment at St. Joseph’s Hospital Health Center, I must abide by the confidentiality policies as summarized above. I understand that if I violate these policies, I will be subject to disciplinary action, up to and including immediate dismissal. I also understand that if I do not follow these policies I may be subject to lawsuits against me by the patient, the hospital, or any other injured parties.

Signature: _____

Print Name: _____

Date: _____