



Confidence for the Good Life

Student/Internship/Observation

HIPAA & Safety Code Attestation

Confidentiality: As a user of information at Salina Regional Health Center (SRHC) you may develop, use, or maintain (1) patient information (for healthcare, quality improvement, peer review, education, billing, reimbursement, administration, research or for other approved purposes), (2) personnel information (for employment, payroll, or other business purposes), or (3) confidential business information of SRHC and/or third parties, including third-party software and other licensed products or processes. This information from any source and in any form, including, but not limited to, paper record, oral communication, audio recording, and electronic display, is strictly confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request. It is the policy of SRHC that users (i.e. employees, medical staff, students, volunteers, vendors and other outside affiliates) shall respect and preserve the privacy, confidentiality and security of confidential information and SRHC owned equipment/property.

Violations of this statement include, but are not limited to:

- Accessing information that is not within the scope of your duties;
- Misusing, disclosing without proper authorization, or altering confidential information;
- Disclosing to another person your sign-on code and/or password for accessing electronic or confidential information or for physical access to restricted areas;
- Using another person’s sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas;
- Intentional negligent mishandling or destruction of confidential information;
- Leaving a secured application unattended while signed on; or
- Attempting to access a secured application or restricted area without proper authorization or for purposes other than official SRHC business.
- Failure to safeguard or the misuse of SRHC owned equipment/property; or
- Failure to safeguard SRHC confidential information on personally owned equipment/property.

Violation of this statement may constitute grounds for corrective action up to and including termination of volunteer, student privileges or contractual or affiliation rights in accordance with applicable SRHC procedures. Unauthorized use or release of confidential information may also subject the violator to personal, civil, and/or criminal liability and legal penalties.

By signing this statement, I am stating and acknowledging that I have read and understand the HIPAA Privacy and Security policies and procedures and agree to abide by their terms.

I have read this statement and reviewed the Safety Codes and understand that this document will remain on file in my student file for the duration of my internship/observation period.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____