



## HEALTH PROFESSIONS STUDENT CONFIDENTIALITY AGREEMENT

The Health Professions programs at Metropolitan Community College have distinct expectations of students regarding the confidentiality of patient-related information from classroom content, clinical content, and student's acquisition of information.

### STUDENT AGREEMENT

I am aware that as a student, I will receive information about patients in written form and verbal discussions with faculty and agency staff. I agree to abide by Federal HIPAA guidelines and individual agency policies related to the sharing of patient information. I understand that I am to hold all information in strict confidence and will consult an MCC faculty member before sharing any part of clinical or classroom content related to patients. I agree that I will not send or receive patient information via electronic means unless instructed to do so by an MCC faculty member. I understand that I am not to share any patient-related information from class or clinical on social media or with those who are not a part of that class or clinical experience, including my family and friends. I understand that violation of confidentiality laws/policies may result in my immediate dismissal from the enrolled course/program.

***Failure to sign this form will result in dismissal from the course/program.***

**Student Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**(if student is under 19 years of age)**

**Date:** \_\_\_\_\_