

Employee/Student Confidentiality Statement

I, _____, acknowledge that as a result of my association at Voorhees University (hereinafter referred to as “the university”), will have access to confidential information, including patient-identifiable protected health information. The University will hold confidential all patient’s information obtained as an employee/student and will not disclose any personal, medical related information, or any other confidential information to third parties, family members, volunteers or medical staff, except as permitted and/ or as required by law. The University is committed to protecting and safeguarding from any oral and written disclosure all confidential patient information that it becomes aware of, except as permitted and/or required by law. The University will not use or disclose patient information in a matter that will violate the laws of the state of South Carolina or the requirements of any federal law, including for example, the Privacy and Security Standards contained in the Health Insurance Portability and Accountability act of 1996 (45 CFR 160 through 164). The University expressly agrees to comply with state and federal laws in all respects and to implement all necessary safeguards to prevent such disclosure. The University acknowledges that any breach of confidentiality or misuse of information may result in termination of employee at the University, in accordance with the University’s policies and procedures.

Name (Print)

Date

Employee/Student Signature

University Health Services

Date