ORANGE-ULSTER BOCES
Learning for Life

HIPAA Compliance & Confidentiality Form

Release of Health Information
HIPAA:

The first-ever federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003.

Developed by the Department of Health and Human Services (HHS), The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes provisions designed to protect the security and confidentiality of health information.

We are required by law to protect the privacy of health information about students. Students who are enrolled in the Practical Nurse Program will participate in a clinical rotation, at several agencies during the current school year. The sites include acute care facilities and other providers of health care in Orange County (physician's offices, laboratories, physical therapy sites etc).

You are required to forward a current physical examination and immunization record to attend clinical rotation. The clinical site may require health information regarding the student who will be involved with their clients. If you want to participate in clinical rotation, please give permission for health information to be shared with the agencies.

Confidentiality:
As an individual officially engaged in activity within Orange-Ulster BOCES and any of its offsite contracted clinical rotations facilities, I hereby agree:

That I will maintain patients' rights to privacy against disclosure of personally identifiable medical, financial, and social information as assured to patients under the Patient Bill of Rights.

That I will not divulge any information concerning patients, their conditions, treatment diagnoses or personal backgrounds, or any other confidential information or non-public information concerning patients, the agency or its staff, which I acquire through my involvement with the agency, to anyone not authorized by the patient, the agency, or by law to receive such information.

That I will not divulge or misuse any such information at any time during my term of involvement or after such involvement ends. I understand that any violation of confidentiality of patient information may result in immediate termination of my relationship with the agency.

Thank you,
Practical Nurse Program

Student Name

Signature Date