



CAREER & TECHNICAL EDUCATION

CONFIDENTIALITY Form

Health Careers Academy

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.

Student Name (printed)

Date

Student Signature

Parent/Guardian Signature