



Lehigh Valley Hospital - Hazleton

STATEMENT OF CONFIDENTIALITY

The care and treatment of our patients is a personal and private matter. Every medical student, clinical student (Physician Assistant, Nurse Practitioner, etc.), resident physician, and observer has a legal and ethical responsibility to safeguard the privacy of all patients, and to protect the confidentiality of all medical and non-medical information.

As a medical student, clinical student (Physician Assistant, Nurse Practitioner), resident physician, and observer at Lehigh Valley Hospital - Hazleton, I hereby agree to comply with the following standards:

- I will only use a patient’s name in conversations that are within the scope of my duties and responsibilities as is outlined in the Clinical Training Policy.
- When discussions are held during the course of work, I will use discretion to assure that such conversations cannot be overheard by others who are not involved in the patient’s care (in elevators or outside the hospital setting).
- I will never access, remove, copy, or release confidential medical or non-medical information about another person without proper authorization to do so. Furthermore, I will not access confidential medical or non-medical information on myself without proper authorization (this includes verbal, written, computerized, faxed, or copied information).
- I will follow all policies, rules, protocols and procedures of Lehigh Valley Hospital – Hazleton, concerning the confidentiality of all medical and non-medical records and information. I understand this includes, but is not limited to, all such policies, rules, protocols and procedures relating to the Privacy Rule of the Health Insurance Portability and Accountability Act.

I understand that violation of this agreement could result in corrective action up to and including discharge. I also understand that unauthorized disclosure of information contained in a patient’s medical record is a breach of Federal and State Criminal Law.

I have read this Confidentiality Statement and fully understand and agree to comply with all of its terms.

Signature

Date

- Please check one:
- Medical Student
 - Clinical Student:
 - Physician Assistant
 - Nurse Practitioner
 - Other: _____

- Resident Physician
- Observer