

PERSONAL HEALTH INFORMATION PLEDGE OF CONFIDENTIALITY

In consideration of my status as a student at Collin College District and/or association with health care facilities that provide professional practice experiences, and as an integral part of the terms and conditions of association, I hereby agree, pledge and undertake the Rules and Regulations of HIPAA Privacy and Security of personal health information. I will not at any time access or use personal health information, or reveal or disclose to any persons within or outside the provider organization, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation, and corporate and departmental policies governing proper release of information.

I understand that my obligations outlined above will continue after my association with the College and/or facility ends.

I further understand that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my association with the College and/or facility.

I also understand that unauthorized use or disclosure of such information will result in a disciplinary action up to and including involuntary expulsion from the College, the imposition of fines pursuant to relevant state and federal legislation.

Date Signed

Signature of Student