

CONFIDENTIALITY POLICY KUMC FELLOWS, RESIDENTS, STUDENTS

Patients are entitled to confidentiality with regard to their medical and personal information. The right to confidentiality of medical information is protected by state law and now by federal privacy regulations known as the Health Insurance Portability and Accounting Act (“HIPAA”). Those regulations specify substantial penalties for breach of patient confidentiality.

1. All patient medical and personal information is confidential information regardless of my educational or clinical setting(s) and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a hospital, clinic or any other venue. Information may only be shared with health care providers, supervising faculty, hospital or clinic employees, and students involved in the care or services to the patient or involved in approved research projects who have a valid need to know the information.

2. Under strict circumstances, upon receipt of a properly executed medical authorization by the patient or a subpoena, medical information may be released to the requesting party. Inquiries regarding the appropriateness of the authorization or subpoena should be directed to the medical records department, the Hospital’s counsel or the University’s Office of Legal Counsel at 913-588-7281, depending upon the situation.

3. Hospital Information System’s user codes/passwords are confidential. Only the individual to whom the code/password is issued should know the code. No one may attempt to obtain access through the computer system to information to which he/she is not authorized to view or receive. If you are aware that another individual knows your code/password, it is your responsibility to request a new user code/password.

4. If a violation of this policy occurs or is suspected, immediately report this information to your supervising faculty.

5. Violations of this policy will result in disciplinary action up to and including termination from the program. Intentional misuse of protected health information could also subject an individual to civil and criminal penalties.

I, _____, acknowledge receipt of this Confidentiality Policy.

(Print Name)

I have read the policy and agree to abide by its terms and requirements throughout my education/training at K.U. Medical Center and as part of my participation in patient care activities.

Nursing Degree level (check one) BSN ___ RN-BSN/MS ___ Graduate ___

Signature _____

Date received and reviewed _____