



JOB SHADOW HIPPA CONFIDENTIALITY STATEMENT

I shall respect the confidentiality of the patient information obtained in providing care and treatment including information contained in the medical record. I will not divulge or disclose patient information obtained in care and treatment, or the contents of the medical record except as permitted under Oakwood Healthcare System (“Oakwood”) policy and procedure. This includes, but is not limited to, the patient’s name, dates of service, diagnosis, or any other patient identifying information.

I will at all times and in all places put into practice Oakwood’s policies and procedures that govern confidentiality located in the corporate policy manual, policy #1001. I know it is my responsibility to be familiar with these policies and procedures and any changes to these policies and procedures. If I do not understand a confidentiality policy and procedures statement, I know I should ask my instructor or an Oakwood representative for guidance.

I understand that unauthorized access, ordering, possession, use, copying, discussion, or release of patient information, medical records or personnel files is cause for immediate dismissal from the current Oakwood student clinical experience and elimination from any future Oakwood student clinical experience. I know that unauthorized acquisition, release, and/or discussion of any information relating to Oakwood’s business/activities, patient information, current and past employees, job applications, and computerized data is a most serious matter and will be grounds for immediate dismissal from the current Oakwood student clinical experience and elimination from any future Oakwood student clinical experience.

In addition, I will report any infractions of the above to an Oakwood manager/supervisor immediately.

Furthermore, I agree that with respect for this job shadow opportunity being provided to me, I will not hold Oakwood responsible for any illness or injury that could occur to me during or as a result of my job shadow experience.

I also understand that Oakwood is not responsible for personal property of mine that is lost, stolen, or damaged during my job shadow experience.

Student Signature Date

Student Printed Name Date