STUDENT NAME: _____

Stephen F. Austin State University Box 6156 SFA Station Nacogdoches, TX 75962-6156

Stephen F. Austin State University (SFASU) has cooperative agreements with agencies in the area for the clinical training of its students enrolled in all health-care fields and programs. To ensure that SFASU students, faculty, and staff involved in these programs understand the <u>patient privacy</u> requirements of the clinical sites and of <u>applicable laws</u>, including the Health Insurance Portability and Accountability Act of 1996, SFASU offers this guidance for those persons to ensure compliance with those requirements. *Note: The discussions, uses, or disclosures discussed below encompass written, verbal, or electronic communication.*

DO's	DON'T's
Do sign the SFASU Faculty/Staff/Student confidentiality agreement before any involvement in a clinical program.	Don't discuss, use, or disclose any patient information while in the clinical setting unless it is part of your clinical assignment.
 Do attend SFASU training or in-class clinical instruction on requirements relating to patient privacy. Do know and adhere to a clinical site's privacy policies and procedures before undertaking any activities at the site. 	 Don't remove any record from the clinical site. Don't disclose any information about a patient during your clinical assignment to anyone other than the medical staff of the clinical site.
 Do maintain, at all times, the confidentiality of any patient information, regardless of whether the identifiers listed in the "DON'T's" section of these guidelines have been removed. 	 Don't use patient information in the context of a learning experience, classroom, case presentation, class assignment, or research without attempting to exclude as much of the following information as possible:
Do promptly report any violation of those procedures, applicable law, or SFASU's confidentiality agreement by you, an SFASU student, and faculty or staff member to the appropriate SFASU clinical coordinator or program director.	 a) Names b) Geographical, lesser than a state c) Dates of birth, admission, discharge, death d) Telephone and/or fax numbers e) E-mail addresses f) Social security numbers g) Medical records or account numbers h) Health plan beneficiary numbers i) Certificate/license numbers j) Web locators/internet protocols k) Biometric identifiers l) Full face photos m) Any other unique identifying number, characteristic, or code n) All ages over 89
Do understand that a violation of the clinical site's policies and procedures, of applicable law, or SFASU's confidentiality agreement will subject you to disciplinary action.	