



College of Nursing University of Illinois at Chicago

Confidentiality Agreement: Staff/ Faculty/ Student/ Volunteer

In the course of your work and studies at the University of Illinois at Chicago (UIC) College of Nursing (CON), you may have access to confidential information (oral, written and/or electronic) about patients and/or their families, research subjects and/or their families, students and/or their families as well as staff and faculty members. Confidential information is defined as all identifying information of patients, research subjects, students, faculty and staff including medical, research, fiscal and student records, as well as documents, data, interviews, reports, and conversations. The purpose of this agreement is to help you understand your duty regarding the access, use, disclosure, storage and disposal of confidential information.

Confidential information is valuable and sensitive, and is protected by federal privacy regulations, state confidentiality laws and strict University policies. The intent of these regulations, laws and policies is that confidential information will remain confidential and will only be used as necessary to accomplish the UIC CON mission.

Accordingly, as a condition of and in consideration of your access, use, disclosure, storage and disposal of confidential information, you agree to the following:

RESEARCH

All persons involved in research, including staff, faculty and students must treat all research subject information as confidential. It is a violation of Federal law and College of Nursing policy to reveal confidential information about research participants. This Agreement applies to all research information and activities whether they occur within the College of Nursing or at another site. Confidential research documents with identifiers are never left unattended, and are secured under lock and key when not in immediate use. When conducting a data-collection session with a participant, you must be careful not to share any information about one participant with another participant. This is especially important because participants may know each other personally. Any information about research participants should only be discussed in the research office or meeting room.

GENERAL CONFIDENTIALITY

Access to confidential information is always restricted to persons who "need to know" such information. Confidential information may only be used for the purpose for which it is collected. Discussion about confidential data informally with other staff or at home with friends and family is strictly prohibited. Discussion of any confidential information in public areas, hallways, elevators, etc. is also strictly prohibited.

There are two major exceptions to the rule of strict confidentiality. Illinois law requires the mandatory reporting of suspected child abuse. Whenever you suspect that abuse may or has occurred, you must contact your supervisor immediately and follow the protocol that has been established to manage this very serious and sensitive issue. The second exception is reporting to your supervisor if you believe there may be imminent harm or potential injury to a patient, research subject, student, faculty member or employee.

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As an employee, faculty member, student or volunteer at the University of Illinois at Chicago College of Nursing, I, (Name) _____, understand and agree that I may have the opportunity to participate in unique and valuable internships, assistantships, fellowships, student experiences, work experiences, or employment (Work Experiences) that are sponsored by the University, companies, government agencies and others (Sponsors). In consideration of being permitted to participate in Work Experiences, I understand and agree as follows:

1. My right to have access to or use confidential information is restricted to my need to know such information in connection with the performance of my job or student responsibilities.
2. The unauthorized disclosure, copying, distribution, or misuse of confidential information is a serious breach of my duty to the University and will result in disciplinary action up to and including termination from employment and/or enrollment in the UIC College of Nursing.
3. This Agreement replaces all previous agreements relating to the same or similar matters that I may have with the University. It may not be modified or terminated, in whole or in part, except in writing signed by the Dean of the College of Nursing.
4. This Agreement is a condition of my participation in Work Experiences, covers the entire term of such activities, and its obligations shall continue indefinitely, including after termination of my status as an employee, faculty member, student or volunteer at the University.
5. I understand the College of Nursing statement on confidential information in the attached document, and agree without reservation to hold in confidence all materials described therein. I also agree to be bound by any reasonable confidentiality agreement that a Sponsor may require me to sign, as a condition of participation in a particular research project that may be more restrictive than this agreement.

I have read this Confidentiality Agreement and agree to its terms.

Name (Please print)

Signature

Date

Campus Location (Please circle): Chicago Peoria Quad Cities Rockford Urbana

Witnessed By:

Faculty/Staff Member Name (Please print)

Faculty/Staff Member Signature

Date