



Faculty/Staff Confidentiality Form

Please read the following statements, initial where required and sign and date at the bottom of the form. *You must return this completed document to your program/supervisor to receive credit for completing the HIPAA Training Module.*

1) _____ **STANDARD CONFIDENTIALITY STATEMENT**
(Initial)

As a condition of my employment, as a Faculty/Staff of Austin Community College (ACC), I _____ (Faculty/Staff) agree NOT to divulge to unauthorized persons, any confidential information obtained from observations, conversations, correspondence, personal records, clinical materials, and /or any other sources. I will not publish or otherwise make public any confidential information such that the person involved will be identifiable or harmed, except as I may be legally required to do so in the course of my ACC duties/role.

I understand that any violation of this confidentiality agreement is very serious and warrants disciplinary action, up to and including termination of my ACC enrollment/duties/role.

2) _____ **HIPAA PRIVACY TRAINING ACKNOWLEDGEMENT**
(Initial)

I received HIPAA Privacy training on _____ through the ACC Confidentiality and HIPAA Training Module, _____ (Date) and understand the penalties involved in violating the HIPAA laws as stated by HIPAA Federal Regulation. If I intentionally or unintentionally violate (or think I violated) any clause in the HIPAA law, I will notify my immediate supervisor as soon as possible and provide a written description stating the conditions of the occurrence. The supervisor will review the situation and facts and make a recommendation for appropriate actions. The faculty member/supervisor will also alert the ACC HIPAA Privacy Officer, who shall review the conditions and recommend further corrective actions.

I understand that further investigation of the HIPAA violation can be accomplished by the appropriate governmental agencies, and that ACC will maintain written records of violations and their corrective actions.

I agree to fully cooperate with any ACC or governmental agency to find a suitable resolution to a violation.

Date: _____

ACC Faculty/Staff (Printed Name)

Signature

Program / Department