

## UPMC Student/Visitor Confidentiality Agreement

UPMC considers that all staff information, business information, financial information and patient identifiable health information is confidential (and referred to in this agreement as “Confidential Information”). Both federal and state law also requires UPMC to keep patient identifiable health information confidential (including mental health, HIV, and drug and alcohol related treatment information).

**By my signature below I agree that:**

1. I will safeguard Confidential Information from access, disclosure, loss, tampering, or use by unauthorized person.
2. If I have been granted access to computer systems, I will use those computer systems only to access information related to the educational program(s) in which I am enrolled. For clinical computer systems, this includes only accessing information for patients who I have been assigned or for approved educational purposes. I understand that UPMC maintains an audit trail of my access to all patient identifiable health information and this audit trail may be reviewed at any time.
3. I agree that I will not access patient records (either in paper or electronic form) except when specifically permitted to do so by my preceptor. I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), my preceptor can only provide me with access to information which is necessary for the purposes of my student experience. No original or copies of any documents containing confidential information may be obtained or kept by me.
4. Any communications (including both oral and written communications) should be limited to purposes related to my educational activities. Any discussion must be in a manner that minimizes the chance that others can hear such conversation. Additionally, I will avoid discussions involving Confidential Information in elevators, hallways, buses, lunchrooms and other areas where unauthorized individuals may overhear me.
5. I will only discard Confidential Information as directed and in a manner approved by the facility where I am performing educational activities.
6. The use of the information for research purposes must be approved in advance by the Institutional Review Board (IRB) sanctioned by the UPMC entity where the research is to be performed.
7. Confidential Information should only be conveyed to individuals who have a need to know such information. Additionally, I will not convey Confidential Information outside the organization, such as to family or associates, or even to other UPMC staff members.
8. It is my responsibility to be familiar with and abide by all applicable UPMC Policies and Procedures.

[SIGNATURE PAGE TO FOLLOW]

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I understand the violation of this agreement will result in corrective action up to and including removal from participation in the educational program in which I am enrolled and I may be permanently removed from UPMC premises and subject to criminal and civil liability.

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Print Name

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Signature

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Date