

49 Hornet Road · Fishersville, VA · (540) 245-5002 - Fax (540) 885-0407

Confidentiality Information for Health and Human Services Students and Parents

If you are receiving this notice, you or your child has enrolled in a course that requires your (your child's) special attention and consideration regarding access to/knowledge of a private personal nature and or health information of those we are learning to serve. Although you (your child) are a student, it is important to remember that privacy and confidentiality are protected by law and are taken very seriously by the administration and faculty of VCTC.

Private, personal and or health information is described as and includes, but is not limited to the following: name, address, phone number of patient/resident/client or their family members as well as **any** information regarding health status or financial status.

Communication of confidential information is defined as the release, possession, copying, use, reading, discussion of information inappropriately or without proper authority in person, in writing or in any form through the use of social media. The use of a cell phone and or camera is strictly prohibited in the clinical areas.

You may receive additional information and be required to sign an additional statement of understanding specific to your subject area as there are very specific guidelines and/or laws that must be complied with regarding privacy of health and personal information.

I understand that as a student, I am being placed in a setting in which I will be bound by HIPAA and other regulatory boards/laws that require that I maintain confidentiality with respect to all personal health information shared with or observed by me during my student experience. I agree to strictly abide by the policies and procedures in place by VCTC and the clinical site to which I am assigned. In the event that I violate any such policy, I understand that I may be removed from the student experience and no substitute placement is guaranteed.

Student name (printed) _____ Date _____

Student name (signature) _____

If the student is under the age of 18, a parent's signature is also required.

Parent name (printed) _____ Date _____

Parent name (signature) _____