

Health Care Component: \_\_\_\_\_

## Confidentiality Agreement

I recognize and acknowledge that the services that the Missouri State University Health Care Components (HCC) performs for its patients are confidential. To enable the HCC and this facility to perform those services, consumers furnish confidential protected health information (PHI).

I, by reason of my work or volunteer activities or by my presence at the HCC, may come into possession of protected health information concerning the services performed by the HCC for its patients, even though I may not take any direct part in or furnish the services performed for those patients. **I agree that I will not at any time during or after my access to these medical records containing PHI, disclose (which could mean giving someone records, or talking with someone) any such provided services or PHI to any person or entity whatsoever, or other privileged information prepared that is not needed for consumer treatment, payment, or health care operations for this facility.** I understand that the use or disclosure of such information may give rise to injury to the patient or to the HCC, and may violate state and federal confidentiality provisions.

I recognize and acknowledge that although the information contained in the medical record (PHI) can only be disclosed by the patient or his/her legal guardian, that the medical record (PHI) is the property of the HCC; that no original medical records or portions of a medical record, shall be removed from the HCC for any reason, and that I will keep no negatives, use no microfilm, or keep or sell any photocopies or computer disks to any second parties.

I acknowledge that in receiving, storing, processing or otherwise dealing with any patient medical records (PHI) from this facility, I am fully bound by HIPAA federal regulations (45 CFR Sections 160 and 164); by 42 CFR Part 2 *et seq.*, and by Missouri, any other applicable federal law and University policy.

I, \_\_\_\_\_, (NAME), employed (or working or volunteering as a \_\_\_\_\_ (POSITION) have read all of the above sections of this Agreement, and I fully understand and shall comply with them. I understand that failure to comply may lead to disciplinary action, up to and including discharge from employment.

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Name, Printed