Miami Dade College
Medical Campus

Student Confidentiality Statement

As a student enrolled in a Miami Dade College health care program, I am aware of my responsibility for maintaining confidentiality of patient information that may become available to me in the course of my studies. Such information is protected and confidential under applicable federal and state laws (Health Insurance Portability and Accountability Act - HIPAA) and affiliation agreements between the College and affiliating health care agencies.

I will not copy, reveal, release, transfer, and/or transmit in hard copy and/or in any electronic/digital format any patient information to any third party, except as authorized by law or as authorized by the affiliating agency. I will not use any patient identifying information, such as name or initials, on paperwork or electronic transmissions submitted to the College in the course of my studies. I will only discuss patient information or a patient's medical condition at the affiliating agency in settings away from the general public and only with authorized personnel at the affiliating agency. I further understand that in a classroom setting I will only discuss patients and their medical conditions in a manner that does not in any way identify the patient.

I agree to comply with all patient information privacy policies and procedures of Miami Dade College, the affiliating agency, and federal/state HIPAA regulations. I understand that violating this Confidentiality Statement may result in criminal and civil penalties against me for violating federal and state patient information privacy laws.

Additionally, I understand that if I violate any College, clinical facility, state/federal HIPAA regulation and/or any portion of this Confidentiality Statement, I will be administratively withdrawn from the enrolled clinical course and may be removed from the program due to the nature of the violation.

Print Student Name _____

Student Signature _____

Date _____

MDID _____