



INDIANA UNIVERSITY  
FORT WAYNE  
SCHOOL OF NURSING

## Confidentiality Agreement

Nursing students enrolled at Indiana University School of Nursing Fort Wayne may encounter health information protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 through various sources including, but not limited to, interoffice communications, data or software maintenance, electronic media, verbal interactions, health plan claims, or medical records. Students with access to such information shall not discuss, disclose, or give access to confidential health information except as needed to perform an essential student function or to those having a legal right to such information. They must further agree to access, use and disclose only the minimum protected health information necessary to perform student functions and to follow the HIPAA covered entity's policies and procedures that address the technical, physical and administrative safeguarding and security of protected health information. Any breach of confidentiality in violation of the HIPAA covered entity's policies, professional standards, or state and federal laws and regulations governing protected health information, may result in applicable sanctions and/or university disciplinary action against the responsible student.

By signing below, I certify that I have received and reviewed training concerning the HIPAA Privacy Regulations and that I will abide by the HIPAA covered entity's policies and procedures to ensure appropriate confidentiality and security of the health information that I encounter to perform student functions.

This form must be completed on a yearly basis.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name Printed