KLAMATH
Community College

HIPPA CONFIDENTIALITY STATEMENT

I understand that during my clinical rotations, I may have access to confidential information about clients, patients, their families, and clinical facilities. I understand that I must maintain confidentiality of all verbal, written, or electronic information. In some instances, the information may be protected by law, such as state practice acts or other regulatory standards. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the health professionals' expected behavior.

Through this understanding and relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care, not where visitors and/or other patients may overhear it.

During each clinical rotation in the education program, I agree to follow each agency's established procedure for maintaining confidentiality.

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STUDENT SIGNATURE DATE

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PRINTED NAME