

MINNESOTA STATE UNIVERSITY, MANKATO
COLLEGE OF ALLIED HEALTH AND NURSING
Department of Health Science • 213 Highland Center North
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**Community Health Education Internship (CHEI)
Confidentiality Internship Agreement**

During your internship experience, your assigned tasks may require that you work with records, files, paperwork or electronic files that contain private and confidential information. Unlawful disclosure of private data is illegal in the state of Minnesota (Minnesota Statutes, Section 13:08-13.09) and can lead to disciplinary action and criminal penalties.

As an intern in the Community Health Education program at Minnesota State University, Mankato, I understand that there may be situations where I have access to, and work with, confidential and private materials. These materials may include patient/client files or records, organization background data, including personnel and budget to name a few, or other sensitive information. I acknowledge that I have access to this information only because of the internship I am completing. I acknowledge that this information is designated as private data under the Minnesota Government Data Practices Act, MN Stat. Sec. 13:43, Subd. 3. I agree to NOT disclose this information, during or at any point after my internship experience, to anyone that is not permitted access to this information and employed by the internship site.

Specifically, I agree to the following:

- 1) I will not discuss patient/client data or other confidential materials with individuals that have not been given access to such information (this includes family and friends)
- 2) I will not discuss private information in public places where others may overhear
- 3) I will not remove, copy or transfer private data or records from the internship site unless permission from the supervisor has been given
- 4) In situations where private data, records or materials are in my possession, I will do everything in my power to assure that information is secured and protected at all times
- 5) I will notify my supervisor and the Internship Director if I have any concerns regarding this agreement

I, _____, have read the above information and agree to comply with this Confidentiality Internship Agreement. I understand violating this agreement may lead to disciplinary consequences that will negatively affect my status at the University, which may include immediate dismissal from the internship and program, in addition to potential criminal penalty.

Student Signature _____

Print Student Name _____

Community Health Education Internship Director Signature

Print Name _____

Date _____