



Student Nurse HIPAA Agreement

By initialing each item and signing below I _____ agree to the following:
(printed student name)

- _____ A patient's Protected Health Information (**PHI**) includes the following: name, demographic information, directly related dates, numbers such as phone, fax, Social Security, Medical Record, account and beneficiary numbers, vehicle or device identifiers, and IP, email and URL addresses.
- _____ Nationwide Children's Hospital (**NCH**) information includes confidential information about employees, donors, volunteers or hospital business.
- _____ I will report breeches in confidentiality to the clinical instructor or unit manager immediately.

Electronic

- _____ I will not copy PHI to personal devices, including but not limited to computers, jump drives, portable hard drives, tablets or phones.
- _____ I will not share PHI or NCH information via social media, including but not limited to Facebook, Instagram, Twitter, You Tube, flickr or Pinterest.
- _____ I will not photograph patients, families or patient information. I will only take photographs of NCH in public areas such as designated photo spots with Animal Friends or in the Magic Forest.
- _____ I will protect my NCH provided user ID and password at all times. I will report any compromise immediately to the clinical instructor or unit manager.
- _____ I will only use NCH computers for clinical purposes. I will not access any patient chart other than that assigned for clinical purposes.

Written

- _____ I will not take PHI off hospital property, including but not limited to information recorded on notepads, binders, patient lists or schedules, charts, scrap paper or Epic printouts. I will responsibly dispose of any such information.
- _____ I will not leave PHI in any form unattended where others may view it.

Oral

- _____ I will not share PHI with a patient's extended family or friends. I will verify the identity and the need to receive patient information before sharing with immediate family members.
- _____ I will only communicate PHI or NCH information for clinical learning purposes. I will be discreet and will not share information in a public setting.

Student Signature

Date

Printed Instructor Name

School of Nursing