

Addendum E – Confidentiality Agreement
RTS CONFIDENTIALITY AGREEMENT

Confidentiality about medical or personal information gained concerning a patient during a visit for health care is of highest priority. It is critical that all RTS who provide healthcare services honor and support this commitment to strict confidentiality. Failure to do so may result in legal litigation and serious discipline, including possible elimination of all activity associated with the Liberty University Respiratory Therapy Education Program.

Medical/personal information is defined to include the patient's name, treatment(s), diagnosis or other health conditions, treatment and any academic or personal information gained during association through the Liberty University or any other affiliated clinical site. Revealing any portion of the patient's health record, revealing or discussing any material pertaining to the patient whether medical or personal, will be construed a breach of confidentiality.

Any information gained about a patient, including knowledge of medical treatment, must not be shared with anyone outside of the supervising medical team. Furthermore, individuals should not acknowledge they know any privileged information unless the patient initiates that conversation. In addition, personal information regarding a patient should not be shared with a third party under any circumstances. This is to protect the patient from unwanted intrusion. If the RTS has any question about what is confidential, it should be assumed that information is protected until cleared by the supervising Preceptor.

Agreement to Abide by Health Insurance Portability and Accountability Act (HIPAA) Policy
The HIPAA policy creates national standards to protect individuals' medical records and health information. As a student you will have access to privileged and confidential information. As a learning experience, students share verbal and written reports. Students must assure that all use of the patient's name, or other identifiers is avoided. Only the minimum necessary amount of information should be disclosed. Students must inform patients that their information may be used for educational purposes. Students will abide by the established HIPAA policies and procedures in their clinical facilities.

By signing this agreement, I, the RTS, acknowledge that I have read this agreement and will protect the confidentiality of every patient and follow their clinical sites HIPAA policy. I also understand that violation of confidentiality is grounds for immediate dismissal.

LU RTP RTS Signature: _____ **Date:** ____/____/20____

(Printed Name): _____

LU Witness Signature: _____ **Date:** ____/____/20____

(Printed Name): _____