



Student HIPAA Acknowledgment

I, as a Hondros College of Nursing Student with access to private patient information, understand that I am expected to maintain the privacy and confidentiality of all patient information I come in contact with at clinical sites, or otherwise, during the course of my education at Hondros College of Nursing. I understand that such information includes, but is not limited to, age, address, marital status, medical condition, etc.

Furthermore, I agree patients have the right to expect confidentiality of communication pertaining to his or her medical care. I understand that no part of the patient's record may be removed from the clinical agency or site. In addition, I understand the taking of pictures or audio recordings are strictly prohibited while in the clinical setting.

I agree to follow all rules and regulations as outlined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (for more information, go to <http://www.hhs.gov/ocr/privacy/>). I understand that a violation of HIPAA could result in significant civil and criminal penalties, and is a violation of the Hondros College of Nursing Code of Student Conduct.

I acknowledge, by my signature below, that I have received adequate training on HIPAA and understand the importance of protecting patient confidentiality and privacy and the consequences for failing to do so. I understand this acknowledgment will become part of my academic file and may be presented to a clinical site upon request.

Print Student Name

Signature of Student

Date

Print Witness Name

Signature of Witness

Date

Blood Borne Pathogens & Exposure Control Protocol

I, acknowledge, by my signature below, that I have received training on universal precautions for blood and body borne infections in accordance with applicable Centers for Disease Control (CDC) guidelines (for more information, go to <http://www.cdc.gov/niosh/topics/bbp/>). I understand the training presented to me contained information on personal health habits, HBV and HIV infections, and risk behaviors.

Print Student Name

Signature of Student

Date

Print Witness Name

Signature of Witness

Date
