

**Florida SouthWestern State College
Department of Nursing**

**STATEMENT ON CONFIDENTIALITY AND
DISSEMINATION OF CLIENT INFORMATION**

Given the nature of our work, it is imperative that we maintain the confidence of client information that we receive in the course of our clinical experiences. Florida SouthWestern State College (FSW) prohibits the gathering of any client information unless required for purposes of treatment, payment, or health care operations and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of client information needed for the treatment of the client, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that FSW students provide services to clients that are private and confidential and that I am a crucial step in respecting the privacy rights of clients. I understand that it is necessary in the rendering of services, that clients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written, or photographic and that all such information is strictly confidential and protected by federal and state laws as stated in the Health Insurance Portability and Accountability Act (HIPAA).

I agree that I will comply with all confidentiality policies and procedures. If I, at any time, knowingly or inadvertently breach the client confidentiality policies and procedures, I agree to immediately notify the Program Director. In addition, I understand that a breach of client confidentiality may result in suspension or dismissal from Department of Nursing's program. I also understand that a wrongful breach of client confidentiality could personally subject me to criminal and civil penalties.

I understand all privacy policies and procedures that have been provided to me by FSW. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension or dismissal. This does not alter the nature of the existing relationship between FSW and me.

Name (Printed)

Student ID Number

Signature

Date