PURDUE UNIVERSITY
CONFIDENTIALITY AGREEMENT
CLINICAL TRAINING PROGRAMS – WORK EXTERNAL TO PURDUE

Purdue University periodically allows certain students, trainees or health care practitioners to participate in approved training programs for educational purposes. I understand that I have been authorized to observe or participate in an approved clinical training program. I further understand that in the course of my participation, I will likely encounter confidential information and information protected by HIPAA. This confidential or protected health information may come from a number of sources including, but not limited to, electronic media, medical records, verbal interactions and general observations. I understand that I must be accompanied by my medical supervisor or the program trainer at all times, and that I will not speak with patients or access any confidential information or medical charts without the express approval of my medical supervisor or program trainer.

I understand that all health information I encounter is strictly confidential, and I agree that I am prohibited from disclosing or giving access to any confidential health information to anyone outside of the program. I agree not to discuss confidential health information with anyone other than my medical supervisor, trainer or others in the program, as necessary, to complete the objectives of the program. I also agree to access, use and disclose (within the program) only the limited data set or if not sufficient, the minimum protected health information necessary to complete the objectives of the program. Any breach of confidentiality under this Agreement may result in notification of misconduct to the individual’s sponsoring Purdue College or department and removal from any further training programs conducted by the affiliated health facility.

By signing below, I certify that I have received and/or reviewed training concerning the HIPAA Privacy and Security Regulations, and that I will abide by the terms of this Confidentiality Agreement and applicable policies and procedures to ensure appropriate confidentiality and security of the health information that I encounter while participating in a clinical training program.

Signed: _______________________________ Date: _________________________
Printed: _______________________________

Sponsoring Organization: ____________________________________________________