Information for Students regarding Patient Privacy Rights (HIPAA)

The purpose of this communication is to emphasize to all students the commitment of Baylor Scott & White Health (BSWH) to protect the privacy rights of all our patients and the necessity of securing patient information in any form (electronic, paper, verbal, photography or filming). The consequences for a student failing to follow BSWH’s policies and procedures protecting patient information or any misuse of patient information are severe.

As a student of BSWH, we may only access the patient information necessary for your role as a student. Students may never access any patient information for personal reasons (your own, family, friends, etc). If you don’t need it to meet the objective of your student role, you are forbidden to access patient information. If you come across a family member or friend’s information, do not access the information. If you need the information for your role as a student, bring it to the attention of your faculty or BSWH nursing staff. You cannot discuss it with your family, friends or staff. If a family member gives you permission to access their information or you need to review or obtain a copy of your own information, you are required to follow BSWH protocol and access that information through Release of Information (ROI).

BSWH can and does monitor access to patient information. The identity of those accessing patient information is audited to ensure compliance with policies and procedures. If the audit or investigation reveals misuse of patient information, disciplinary action, will be enforced. Violations of privacy rights will also be reported to the patient and the Office of Civil Rights (OCR). The OCR can find individuals civilly and criminally liable, including jail time, for violations of patients’ privacy rights.

Please carefully evaluate your use of confidential patient information. It is our sincere desire that no one lose his or her student role due to a violation of BSWH policies and procedures concerning the protection of the privacy and confidentiality of patient information.

If you have questions or concerns regarding access of patient information, or you are not sure what you are allowed to do within your student role, ask your clinical instructor and/or unit supervisor, manager. You may also contact the Corporate Compliance Department at 254-215-9022 the Privacy Hotline 254-724-7600 or e-mail inquiries to HIPAA on Outlook. Additional information and FAQ’s are available on the HIPAA website on Scott & White Intranet.

I acknowledge I have read and understand BSWH’s policies and procedures for protecting the privacy and confidentiality of patient information.

By signing this Acknowledgement, I acknowledge, understand and agree that my failure to abide by the rules, guidelines, policies or procedures that BSWH currently has in place or that may hereafter be developed, may result in disciplinary action up to and including termination of my student role at BSWH. I also understand that I may also be held civilly or criminally liable for my actions.

Failure to acknowledge does not negate my responsibility to follow BSWH policies and procedures.

______________________________  ______________________________
Signature                          Date

☐ Yes, I acknowledge I have read and understand Baylor Scott & White’s policies and procedures for protecting the privacy and confidentiality of patient information.

☐ I have additional questions and will contact the Scott & White Privacy Office at 254-724-7600. (This lesson will not be completed at this time.)