



JOB SHADOW/OBSERVATION CONFIDENTIALITY OF INFORMATION AGREEMENT

Asante has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their Protected Health Information (PHI).

Protected Health Information includes, but is not limited to, medical records relating to a patient's past, present and future care and treatment as well as billing records related to that care which contains any of the following identifiers:

- Names
- Street addresses, city, county, zip code
- Telephone / fax numbers
- Email addresses
- Social Security numbers
- Medical Records numbers
- Health plan beneficiary numbers
- Account numbers
- All elements of dates related to an individual
- Certificate / license numbers
- Vehicle identifiers / serial numbers
- Device identifiers / serial numbers
- URLs
- Internet protocol address number
- Finger / voice prints
- Full face photo image
- Any other unique identifying number, characteristic or code.

During the course of the job shadow /observation (40 hrs. or less), participants may see, overhear or temporarily possess a patient's Protected Health Information. All protected health information must be maintained in the strictest confidence. As a condition of participation in the Asante Job Shadow Program at Asante, all participants must sign an Asante Job Shadow Confidentiality Agreement. Any violation of this agreement may result in civil and/or criminal penalties under federal and state law.





JOB SHADOW/STUDENT OBSERVATION CONFIDENTIALITY OF INFORMATION AGREEMENT

I, the undersigned, acknowledge that during the course of my job shadow /observation at Asante that I may see, overhear or temporarily possess a patient’s Protected Health Information (PHI), as well as, confidential information of Asante that is prohibited from disclosure to others.

“Confidential Information” means information provided by Asante that is not commonly available to the general public or is required by law or regulation to be protected from disclosure to third parties not considered part of the organization’s “workforce” as defined by federal and state health information privacy regulations such as the Health Information Portability and Accountability Act (HIPAA). Confidential Information includes, but is not limited to, information contained in patient medical records and any other health information which identifies a patient; quality assurance, research or peer review information; and information concerning Asante employees, services or business operations. Such information can be acquired by any means and in any form, written, spoken or electronic.

I agree not to share, disclose or discuss PHI or Confidential Information with anyone outside of my job shadow/student observation experience. I will abide by Asante’s policies and procedures concerning the use or disclosure of PHI and Confidential Information and I will contact an Asante representative if I have any questions regarding these policies and procedures.

I understand that any violation of this agreement or Asante’s policies related to access, use of disclosure of PHI or Confidential Information will result in immediate termination of my observation program and I will not be able to complete any further observation experiences. Additionally, there may be legal consequences.

I certify that I have read and understand the Job Shadow/Observation Confidentiality of Information Agreement and hereby agree to be bound by it.

If you are 18 years of age or under, your parent or legal guardian must also read and acknowledge this form.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	
Signature of Parent/Legal Guardian if under 18	Date	

Return this to the Asante Department where Job Shadowing/Observation is taking place. Document should be maintained for six years by Asante Department. Provide copy of signed document to Participant.

