

**NEOSHO COUNTY COMMUNITY COLLEGE  
BI-LEVEL NURSING PROGRAM**

***Protected Health Information, Confidentiality & Security Policy***

Protected Health Information (PHI) includes patient-identifiable information which may be obtained upon examination, while viewing diagnostic exam results and progress notes (any part of the chart), upon observation and while in conversation with the patient and includes, but is not limited to:

- A. Patient's name
- B. Account number
- C. Birth date
- D. Admission and discharge dates
- E. Photographs
- F. Health plan beneficiary number

Nursing students are given access to patient information and exposed to PHI while in the clinical setting. Although the college has taken steps to remove patient identification information from required clinical paperwork, all healthcare information on said paperwork must be protected and treated as confidential by the student. In order to maintain confidentiality and security of PHI and patient-identifiable information, the following are prohibited:

- 1. Disclosure of said information with anyone outside of the direct care of the patient and directly related to learning activity.
- 2. Discussion (includes verbal, written, electronic copies, etc.) of said information in public areas (public buildings, Facebook or other social networking sites, etc.).
- 3. Photocopying or printing any part of the patient chart for student use as this is unauthorized removal of medical records.
- 4. Accessing information on patients other than those included in their assignments and responsibilities.
- 5. Disclosure of any ID and/or passwords provided in order to conduct patient care/documentation.
- 6. Use of any ID and/or passwords which are not their own.

In addition to the above, the student is expected to:

- 1. Abide by the clinical agency's privacy policies.
- 2. Keep clinical paperwork in a secure location.
- 3. Dispose of all clinical paperwork by shredding or incineration of paper copies and/or removal from electronic resources upon leaving the nursing program whether by dismissal, withdrawal or graduation.

As a nursing student, I understand I have been given access to patient-identifiable information which must be protected at all times, kept confidential and secure. I accept this responsibility and agree to be accountable for my actions regarding such. Any breach of patient confidentiality by disregarding this policy or policies of clinical agencies is grounds for dismissal from the program. I understand that Federal and State laws govern the confidentiality and security of PHI and that unauthorized disclosure of PHI is a violation of law and may result in civil and criminal penalties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name