

**HIPAA Faculty Confidentiality Agreement**

I acknowledge that I have read, understand and agree to comply with the Washington State University Elson S. Floyd College of Medicine process of de-identification regarding protected health information (PHI) in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as described below.

I will instruct students and monitor coursework in the understanding that all protected health information such as patients’ medical records (i.e., admitting/discharge records, labs, imaging), confidential information (i.e., social security number, financial information, cardholder data), and other data to which they have knowledge of and/or access to as a result of being a student in a health science program will be kept confidential and must not disclose this information under any circumstances including to family, friends, and/or social media sites.

I acknowledge that I must monitor coursework to ensure that students de-identify all patient data that is obtained in a clinical setting for use as part of participation in a health science program at WSU College of Medicine including any downloading of it. De-identification specifically requires the removal of identifiers of the patient or of relatives, employers, or household members of the patient. More specifically, the following identifiers must be removed:

(A) Names	(J) Account numbers
(B) All geographical subdivisions (street address, city county, ZIP code)	(K) Certificate/license numbers
(C) All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age	(L) Vehicle identifiers and serial numbers, including license plates
(D) Telephone numbers	(M) Device identifiers and serial numbers
(E) Fax numbers	(N) Web universal resource locators (URLS)
(F) Email addresses	(O) Internet Protocol (IP) addresses

(G) Social security numbers	(P) Biometric identifiers, including finger and voiceprints
(H) Medical record numbers	(Q) Full-face photographs/radiography and any comparable images
(I) Health plan beneficiary numbers	(R) Any other unique identifying number, characteristic, or code
And, the covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.	

I will instruct students that they cannot remove any confidential data/information, including PHI from a clinical setting (i.e., hospital, emergency care site, physician office, clinic, etc.) where they may be assigned as part of training at College of Medicine. I also instruct students to become knowledgeable of the assigned clinical setting privacy/security policies and follow them. Students will understand that any clinical data that they have access to and that may be needed to demonstrate clinical competency as part of course requirements will be de-identified. I will also instruct students that it is never acceptable to disclose any confidential information including posting such information in social media (i.e., Facebook, Twitter) and/or public settings and not to send confidential information including PHI to my private email account or download it on a personal computer and/or mobile devices. I will also instruct students that if individual breaches this Confidentiality Agreement, disciplinary action may result up to and including removal from the health sciences program and the college without refund.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_