Trinity College of Nursing
& Health Sciences
UnityPoint Health

HCE Student/Visitor Confidentiality Statement Form

Please sign and date and return to student services.

As a Student/Visitor at Trinity College of Nursing and Health Sciences and Trinity Medical Center, I will be entrusted with health and personal information about patients with whom I am in contact with in a variety of health care settings. It is my responsibility to maintain confidence and trust when working with patients and /or confidential health information.

I support the statement in the Patient's Bill of Rights which states patients have the right to have the right to have their privacy respected while receiving care and to have all communication and records pertaining to their care treated as confidential. I agree that pertinent information relative to a patient's admission, condition and treatment must only be discussed within the patient care setting and as it relates to direct patient care. I will **not** discuss patient information with other staff members, students, patients, family, friends or visitors. I agree that access to patient charts and related patient information will only be made on a need-to-know basis as necessary for direct care of patients.

In my role as a Student at Trinity College, I will abide by the appropriate Code of Ethics. I will therefore "safeguard the client's right to privacy by judiciously protecting information of a confidential nature" in any and all health care settings. In addition to maintaining patient confidentiality, I will also keep in confidence any sensitive information I have access to regarding employees and/or the institution(s) with which I am associated in my student role.

I understand that a Breach of Confidentiality on my part, described as "failure to maintain privacy of information of a confidential nature," could result in immediate dismissal from the College visitor program.

Signature: _____

Print Name: _____

Date: _____