

**Fort Drum Regional Health Planning Organization  
MASH Camp**

**HIPAA Confidentiality Agreement  
(Federal Health Insurance Portability and Accountability Act)**

All patients have the right to privacy, and all staff, including volunteers/student shadows, must respect this right and comply with the Federal Health Insurance Portability and Accountability Act to include the following:

- Any information that can identify a patient is considered “Protected Health Information” (PHI). Divulging this information, either written or oral, is a violation of the law.
- As a MASH Camp student, you will receive minimum PHI necessary to complete this program.
- Never discuss anything about a patient unless it is in the performance of your assignment and then only to the proper person and in a manner and location, which ensures that that the conversation will not be overheard.
- Do not discuss, reveal or copy, or in any other manner, disclose any PHI that you may see or hear while shadowing in a healthcare facility. This includes not only PHI, but also knowledge of admittance or any treatment. This also pertains to conversations with family members, neighbors, friends, church members. It is the patient’s right to privacy, no matter how good your intentions may be. This remains effective upon the completion of the program.
- Remember: WHAT you are saying, WHERE you are saying it, and to WHOM you are saying it. These three things can determine whether or not you are complying with the HIPAA regulations.

I, \_\_\_\_\_, have read and understand the meaning of confidentiality (HIPAA). I am aware that any sharing of patient’s private health information with people other than the members of the patient’s healthcare team will result in immediate termination from MASH Camp, and possible legal action on the part of the patient and/or healthcare facility.

By signing this document, I am agreeing to maintain the confidentiality of privileged information and communication at all times both while shadowing and in my personal life. I understand that I must maintain such confidentiality indefinitely upon completion of the MASH Camp.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please be aware that there will be cell phone usage policy’s specific to each site that need to be adhered.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date