

**UNIVERSITY OF PITTSBURGH MEDICAL CENTER
CONFIDENTIALITY AGREEMENT FOR STUDENTS**

University of Pittsburgh Medical Center (UPMC) considers that all staff information, business information, financial information and patient identifiable health information is confidential (and referred to in this agreement as “Confidential Information”). Both federal and state law also requires UPMC to keep patient identifiable health information confidential (including mental health, HIV, and drug and alcohol-related treatment information).

By my signature below I agree that:

1. I will safeguard Confidential Information from access, disclosure, loss, tampering, or use by unauthorized person.
2. If I have been granted access to computer systems, I will use those computer systems only to access information related to the educational program(s) in which I am enrolled. For clinical computer systems, this includes only accessing information for patients who I have been assigned or for approved educational purposes. I understand that UPMC maintains an audit trail of my access to all patient identifiable health information and this audit trail may be reviewed at any time.
3. Any communications (including both oral and written communications) should be limited to purposes related to my educational activities. Any discussion must be in a manner that minimizes the chance that others can hear such conversation. Additionally, I will avoid discussions involving Confidential Information in elevators, hallways, buses, lunchrooms and other areas where unauthorized individuals may overhear me.
4. I will only discard Confidential Information as directed and in a manner approved by the facility where I am performing educational activities.
5. The use of the information for research purposes must be approved in advance by the Institutional Review Board (IRB) sanctioned by the UPMC entity where the research is to be performed.
6. Confidential Information should only be conveyed to individuals who have a need to know such information. Additionally, I will not convey Confidential Information outside the organization, such as to family or associates, or even to other UPMC staff members.
7. It is my responsibility to be familiar with and abide by all applicable UPMC Policies and Procedures.

I understand the violation of this agreement will result in corrective action up to and including discharge from the educational program in which I am enrolled.

Print Name

Signature

Your Social Security Number

Date