

CONFIDENTIALITY AGREEMENT FOR STUDENTS

I understand that I may come in contact with various types of information in my studies or through engaging in my academic program at Johns Hopkins. This information may include, but is not limited to, information on patients, employees, plan members, students, other workforce members, donors, research, and financial and business operations. Some of this information is made confidential by law (such as "protected health information" or "PHI" under the federal Health Insurance Portability and Accountability Act) or by Johns Hopkins policies. Confidential information may be in any form, e.g., written, electronic, oral, overheard or observed. I also understand that access to all confidential information is granted on a need-to-know basis. A need-to-know is defined as information access that is required in order to engage in my studies or to complete my approved academic requirements program at Hopkins. If my course of study changes, my need to know also may change.

I will protect the confidentiality of all confidential information, including PHI, while at Johns Hopkins. I will not share PHI with those outside of Hopkins unless they are part of my studies or educational program at Johns Hopkins. I will not remove any confidential information from Johns Hopkins except as permitted by Johns Hopkins policies or specific agreements or arrangements applicable to my situation.

If I knowingly violate this agreement, I will be subject to expulsion from my studies or educational program at Johns Hopkins. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above and agree to be bound by it. I understand that signing this agreement and complying with its terms is a requirement for my studies or enrollment in an educational program at Johns Hopkins.

Name (Print): _____ Daytime Phone: _____

Signature: _____ Date: _____

Hopkins Educational Program: _____

Johns Hopkins Badge #: _____ N/A _____

Use of Confidential Information at Johns Hopkins

It is important that the entire Johns Hopkins Medicine community share a culture of respect for confidential information. To that end, if you observe access to or sharing of confidential information that is or appears to be unauthorized or inappropriate, please try to make sure that this use or disclosure does not continue. This might include advising the person involved that they may want to check the appropriateness of the use or disclosure with the Johns Hopkins Privacy Officer or the Health System or University Legal Counsel. It may also involve letting your instructor or others in authority at the Health System or the University know about the issue or possible issue. Use of the Compliance Hotline (telephone #: 1-877-932-6675) allows this to be done anonymously, if need be.

RETURN TO: Office of the Registrar, Broadway Research Building, Suite 147

Place original signed copy of this Agreement in the Medical Student's file.

Effec. Date 8/17/04