



Confidentiality Agreement for Visiting Learners

Form content not retained in medical record. **For local storage only.**

Overview of Privacy Policies

Mayo Clinic policy and federal regulations protect the privacy of our patients' health information. The Health Insurance Portability and Accountability Act (HIPAA) is a set of federal rules that defines what information is protected, sets limits on how that information may be used or shared, and provides patients with certain rights regarding their information. Mayo Clinic has its own policies that reflect these regulations as well as best ethical standards.

These rules protect information that is collected or maintained, (verbally, in paper, or electronic format) that can be linked back to an individual patient and is related to his or her health, the provision of health care services, or the payment for health care services. This includes, but is not limited to, clinical information, billing and financial information, and demographic/scheduling information. **Even the fact that an individual has received care at Mayo Clinic is protected by Mayo Clinic policy and federal regulations.**

Mayo Clinic policy and HIPAA regulations limit the use or sharing of protected patient information to the following purposes: providing treatment, obtaining payment for services, certain health care administrative functions and when required or permitted by law. Any other use or disclosure of protected information requires written authorization from the patient. For all uses or disclosures other than treatment, only the minimum amount of information necessary will be shared on a need to basis. The Notice of Privacy Practices describes to patients how we may use or disclose their health information and patient rights regarding their protected health information.

Confidentiality Agreement for Visiting Learners

As a visiting learner at Mayo Clinic you are required to conduct yourself in strict conformance to all applicable laws and Mayo Clinic policies governing confidential information. Simply by being at Mayo Clinic, you may encounter confidential patient information. Care is often coordinated in semi-public environments where there is the risk that patient information may be heard or viewed by individuals not directly involved in the patient's care. Mayo Clinic has polices intended to limit the risks of such incidental disclosures of patient information.

You may see or hear information related to Mayo Clinic patients (such as charts and other paper and electronic records, demographic information, conversations, admission/discharge dates, names of attending physicians, patient financial information, etc.). **Any patient information you see or hear, either incidentally or by attending rounds, must be kept confidential. By signing below, you are agreeing to abide by Mayo Clinic policies regarding confidentiality of patient health information.**

As a condition of and in consideration of, my use, access, and/or disclosure of confidential information I understand and agree to the following:

- I will access, use, and disclose confidential information only as permitted by Mayo Clinic. This means that I will only access, use, and disclose confidential information that I have been given authorization to access, use, and disclose.
- I understand that no information about any patients I may observe or hear discussed while I am being hosted at Mayo Clinic or any time thereafter may be transmitted to any third party or person (except other members of the clinical team caring for the patient) via text message, posting on any social media network or another online site, or via any other written or verbal communication.
- I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions will result in the termination of my privilege to observe and participate in rounds in clinical areas and I may be subject to legal liability as well.
- My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Visiting Learner Signature	Date (mm-dd-yyyy)
Visiting Learner Printed Name	
Parent or Guardian (if under age 18) Signature	Date (mm-dd-yyyy)
Parent or Guardian (if under age 18) Printed Name	