CONFIDENTIALITY

Students will be rotated through many dental offices of dentists who were willing to provide a clinical site for students to train. **ALL PATIENT RECORDS, EVENTS, AND SITUATIONS IN A DENTAL OFFICE ARE CONFIDENTIAL.***STUDENTS ARE NOT TO TALK ABOUT ONE OFFICE WHEN ASSIGNED TO ANOTHER OFFICE***SALARIES OF EMPLOYEES ARE ALSO CONFIDENTIAL AND STUDENTS ARE NOT TO INQUIRE HOW MUCH SALARY IS PAID TO EMPLOYEES.

If you have a problem in a dental office, **IT SHOULD BE TAKEN UP WITH THE DENTIST OR THE INSTRUCTOR IN THEIR PRIVATE OFFICE**, not with other students or employees in the clinics. HIPAA guidelines will be taught in **DAT 100 – Introduction to Dental Assisting**. (see attachment – Workforce Confidentiality Agreement)
Workforce Confidentiality Agreement

I understand that H. Councill Trenholm State Community College and Associated Clinical Rotation Sites have a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my assignment/affiliation at H. Councill Trenholm State Community College and Associated Clinical Rotation Sites, I may see or hear other Confidential Information such as financial data and operational information pertaining to the clinics that H. Councill Trenholm State Community College and Associated Clinical Rotation Sites is obligated to maintain as confidential.

As a condition of my assignment/affiliation with H. Councill Trenholm State Community College and Associated Clinical Rotation Sites, I understand that I must sign and comply with this agreement.

By signing this document I understand and agree that:

- I will disclose Patient Information and/or Confidential Information only if such disclosure complies with H. Councill Trenholm State Community College and Associated Clinical Rotation Sites policies, and is required for the performance of my duties.

- Access code(s), user ID(s), access key(s) and password(s) used to access computer systems or other equipment are to be kept confidential at all times.

- I will not access or view any information other than what is required to do my duties. If I have any questions about whether access to certain information is required for me to do any duties, I will immediately ask my clinical instructor and or supervisor for clarification.

- I will not discuss any information pertaining to the clinics in an area unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, or restaurants, and at social events).
understand that it is not acceptable to discuss any clinic’s information in public areas even if specifies such as a patient's name are not used.

➢ I will not make inquiries about any clinical information for any individual or party who does not have proper authorization to access such information.

➢ I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of Patient Information or Confidential Information. Such unauthorized transmission include, but are not limited to, removing and/or transferring patient Information or Confidential Information from H. Councill Trenholm State Community College and Associated Clinical Rotation Sites, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to H. Councill Trenholm State Community College and Associated Clinical Rotation Sites.

I understand that violation of this Agreement may result in disciplinary, action, up to and including termination of my assignment/affiliation with H. Councill Trenholm State Community College and Associated Clinical Rotation Sites, and or suspension, restriction or loss of privileges, in accordance with H. Councill Trenholm State Community College and Associated Clinical Rotation Sites policies, as well as potential personal civil and criminal legal penalties.

I understand that any Confidential Information or Patient Information that I access or view at H. Councill Trenholm State Community College and Associated Clinical Rotation Sites does not belong to me.

I have read the above agreement and agree to comply with all its terms as a condition of continuing assignment/affiliation.

_______________________________________
Signature

_______________________________________ _______________________
Print your Name Date