

Winona Health Student Confidentiality Statement

It is the policy of the Winona Health Organization to protect private and personal information concerning patients, residents, doctors, volunteers, or other employees. Private and personal information includes medical or other information obtained through medical assessments, diagnostic information, telephone discussions, private conversations, electronic data, electronic messages, other written documentation, or in any other fashion as an employee of Winona Health. All facility and staff, medical staff and authorized affiliates are responsible for safeguarding private and personal information against loss, defacement, tampering, and unauthorized access.

Patient Information: Both State and Federal law govern confidentiality of medical information, including but not limited to written, electronic, or verbal information. The Minnesota Access to Medical Records Statute 144.335 requires that a provider must obtain authorization by the patient before releasing information. Authority to grant disclosure of confidential information generally resides with the following individuals (in this order):

- The patient, if the patient is a competent adult or an emancipated minor, as defined by state law;
- A legal guardian or parent on behalf of a minor child;
- If a patient is deceased, the next of kin (in this order – spouse, parent, sibling, child (over 18)).

In compliance with the HIPAA regulations, a notice of privacy practices and a consent form will be utilized within the Winona Health Organization.

Information concerning employment applications, staff members' home address, telephone numbers, reference information, performance evaluations and other records are confidential.

Students are also required to use discretion in conversations with other authorized medical professionals about private and personal information. Unauthorized access or release of confidential information concerning patients or staff members will be cause for disciplinary action, including dismissal. All Winona Health student/interns will sign a confidentiality statement.

I understand and agree that in the performance at Winona Health, I must hold medical, physician, volunteer, and employee information in confidence. This includes information that I may come across in how it is presented to or obtained by me (printed, written, spoken, computerized, facsimile, etc). I also understand and agree that I will only access information that is required to perform my duties. I understand violation of the confidentiality laws may result in legal action (including imprisonment and fines).

I further understand that any violation of the confidentiality of personal and private information of patients, residents, physicians, volunteers, or other employees may result in disciplinary proceedings up to and including immediate dismissal for cause and/or legal action.

Print Name

Signature

Date

Department

Updated: 2/9/2016