

ENMU CDIS Clinical Practicum Confidentiality/Security Policy 2018-20

In order to maintain the client's rights to privacy and confidentiality, I agree to the following:

- I will not discuss a client in any setting without a supervisor present.
- I will not discuss clients from one setting/site in any other setting/site.
- I will not post any image from a practicum setting on social media, nor will I discuss my clients, their families, my practicum site, my practicum supervisor, or any information related to clinical practicum using any social media or electronic venue without express written permission by the HHS Department Chair, the CDIS Program Director, the practicum site Director, the clinical supervisor, and the client/client's caregiver(s).
- I will not take client records of any kind from authorized clinic sites or work stations. I will not complete client paperwork of any kind outside of authorized clinical work stations. This includes client "working folders" and assigned video/audio of therapy sessions that I am required to review. I will follow the procedures of all sites with regard to the storage and handling of data and will maintain all encryption standards as required.
- I will not use any identifying information on any unencrypted document (e.g., treatment plans, daily progress notes), unless such paper documents are to be kept in locked files at all times when not being reviewed. I understand that client initials, ages, diagnosis, birthdays, geographic location, school attended, and family makeup might be used to identify a client, and as such, is protected information and may not be used on unencrypted or unsecure documents/files.
- I will not email or leave unsecured any unencrypted clinical document of any kind.
- I will not use any client therapy session or interaction of any kind in any form of presentation without express written permission by the HHS Department Chair, the CDIS Program Director, the practicum site Director, the clinical supervisor, and the client/client's caregiver(s).
- I will comply with the Health Insurance Portability and Accountability Act, including, without limitation, the Federal Privacy Regulations, and the federal security standards including those for electronic transactions. I agree not to use or further disclose any Protected Health Information, other than as permitted by the HIPAA Requirements.
- I will comply with any and all Federal and state laws and regulations that govern or pertain to the confidentiality, privacy, security of, and electronic and transaction code sets pertaining to, information related to patients.
- I will comply with the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA) as established by the U.S. Department of Education.
- I will abide by all rules and regulations set forth by each practicum setting in which I am placed or involved.
- I will uphold the ASHA Code of Ethics, abiding by its principles and rules at all times.
- ***I understand that failure to abide by the above statements may result in disciplinary action, including dismissal from practicum/internship, the CDIS Program, and/or the University.***

Signature _____ Date _____

Print Name _____