

**Volunteer/Student Attestation-  
Handling Personal  
Health-Related Information**

**INSTRUCTIONS:** Please read the following information, and then complete this form. Please return the completed form to your instructor/preceptor/coordinator. This will be kept for inclusion in your file.

Students and Volunteers of Roswell Park may be authorized to access personal health-related information only when necessary to perform their specific duties and responsibilities. Students and volunteers may not access personal health related information unless specifically authorized to do so by their Supervisor.

Students/Volunteers authorized by supervisors to access personal health-related information shall :

- Dispose of confidential health information in destruction bins or according to department policy, not in regular wastebaskets or trash bins.
- not share computer passwords with others, including other employees
- not examine documents or computer data containing personal health- related information unless required in the course of official duties and responsibilities;
- not remove from the unit or copy such documents or computer data unless acting within the scope of assigned duties;
- not discuss the content of such documents or computer data with any person unless that person has authorized access;
- not discriminate, abuse or direct any adverse action toward a person to whom personal health-related information applies.
- Complete any and all required training on Confidentiality of PHI

I have read and agree to comply with the above rules and the Roswell Park Policy and Procedure on Confidentiality of Health Related Information. Specifically, I understand my responsibilities in maintaining the confidentiality of personal health-related information.

I will also review and comply with my assigned areas' protocols for handling personal health-related information. I understand the Policy and Procedure and area protocols are based on:

- Public Health Law 27F;
- NYSDOH Regulation Part 50-4:  
Intra-agency Access to the disclosure of Personal Health-related information;
- Public Officers Law, Article 6A;
- \* Federal HIPAA Privacy Regulations

and specific regulations which prescribe the responsibilities for dealing with personal health-related information by a given area. I understand that it is my responsibility to notify my instructor/preceptor/coordinator of any changes in my start date and/or completion of service date I understand that violation of confidentiality statutes, rules, or policies and procedures may lead to disciplinary action and/or criminal prosecution.

Name (print):	
School (if applicable):	
Title:	
Department:	Floor/Unit:
Start Date:	
End Date:	

Student/Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_