



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:

- 1) Dispose of confidential health information in destructions bins or according to department policy, not in regular wastebaskets or trash bins.**
- 2) Not share computer passwords with others, including employees.**
- 3) Not examine documents or computer data containing personal health-related information**
- 4) Not remove from the unit or copy such documents or computer data unless acting within the scope of assigned duties.**
- 5) Not discuss the content of such documents or computer data with any person unless that person has authorized access.**
- 6) Not discriminate, abuse, or direct any adverse action toward a person to whom personal health-related information applies.**

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 Policy and Procedure and area protocols are based upon:

- 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: _____

Start Date: _____

End Date: _____

Student/Volunteer Signature _____ Date _____