



Confidentiality Agreement: Student Observer/Assistant

I understand that in the performance of my duties as a student observer and/or assistant at Sacred Heart University Audiology Clinic, operating under Sacred Heart University, Inc., I may have access to and/or be involved in the gathering or processing of confidential information about persons receiving services and/or confidential business information.

- Confidential information pertaining to persons receiving services including all information, whether spoken, written, or electronic, concerning their condition, events surrounding their placement, and financial support for services provided.
- Confidential business information whether spoken, written or electronic pertaining to Sacred Heart University Audiology Clinic business plans, employee information, and other information related to Sacred Heart University Audiology Clinic operations.

I understand that I am required to maintain the confidentiality of this information at all times, both on and off-campus, and after the termination of my enrollment as a student at Sacred Heart University.

I also understand and agree that I will only access information which is needed or required by the supervisor at the Sacred Heart University Audiology Clinic, federal, or state law, or applicable regulation.

I understand that a violation of these confidentiality considerations may result in disciplinary action. I further understand that I could be subject to legal action for breach of confidentiality.

I have discussed confidentiality of information directly with my supervisor and have had the opportunity to ask any questions I may have regarding my responsibilities as related to HIPAA and confidentiality of information.

Student Name (Printed)

Date

Student Name (Signed)

Date