

**HIPAA – Confidentiality of Protected Health Information**

**Attachment “E”**

**Memorial Hermann Health System**

**Student/Intern/Resident/Fellow Confidentiality Agreement**

**IMPORTANT:** Please read all sections. If you have any questions, please ask before signing.

**1. Confidentiality of Patient Information**

I understand and acknowledge that: (i) services provided to patients are private and confidential; (ii) to enable such services to be performed, patients provide personal information with the expectation that it will be kept confidential and used only by authorized persons as necessary; (iii) all personally identifiable information provided by patients or regarding medical services provided to patients, in whatever form such information may exist, including oral, written, printed, photographic and electronic formats (collectively, the “Confidential Information”) is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure; and (iv) in the course of my association with Memorial Hermann Health System, I may be given access to certain Confidential Information.

**2. Disclosure, Use and Access**

I agree that, except as authorized in connection with my assigned duties, I will not at anytime use, access or disclose any Confidential Information to any person (including but not limited to co-workers, friends and family members). I understand that this obligation remains in full force during the entire term of my rotation and continues in effect after such association terminates.

**3. Confidential Policy**

I agree that I will comply with confidentiality policies that apply to me as a result of my association.

**4. Return of Confidential Information**

Upon the termination of my association for any reason, or at any other time upon request, I agree to promptly return to Memorial Hermann Health System all copies of Confidential Information then in my possession or control (including all printed and electronic copies).

**5. Periodic Certification**

I understand that I am required to certify each year that I have complied in all respects with this Agreement.

**6. Remedies**

I understand and acknowledge that: (i) the restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients and Memorial Hermann Health System. I therefore understand that Memorial Hermann Health System may prevent me from violating this Agreement by any legal means available, in addition to corrective measures, which may result in accordance with applicable policies and collective bargaining agreements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (Parent/Legal Guardian if student under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Parent/Legal Guardian if student under 18)

**HIPAA – Confidentiality of Protected Health Information Supplemental Form**

**IMPORTANT:** Please read and initial each section. If you have any questions, please ask before signing.

<b>Confidentiality of Patient Information (<i>Initial Each Section</i>)</b>	<b>Initials</b>
1) <b>I WILL NOT email</b> patient identifiable health information outside of the Memorial Hermann Network. (Patient identifiable information includes, but not limited to: name, date of birth, medical record number and/or account number, insurance member ID#, financial information such as SS# or credit card information and any other number of name that could identify the patient).	
2) <b>I WILL NOT print out or copy</b> patient identifiable health information and take outside of Memorial Hermann facilities.	
3) <b>I WILL NOT share</b> patient identifiable health information with anyone who does not have a treatment relationship with the patient.	
4) <b>I WILL NOT copy</b> any patient identifiable health information to personal computers or thumb/jump drives, etc.	
5) <b>I WILL NOT</b> send attachments to personal emails with patient identifiable health information.	
6) <b>I WILL NOT post ANY</b> information regarding a patient of Memorial Hermann to any social media platforms. This includes any reference to a patient’s presence at any Memorial Hermann facility even if the information does not identify the patient.	

I understand and acknowledge that: (i) the restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the privacy interests of patients and the Memorial Hermann Health System. I, therefore, understand that Memorial Hermann Health System may prevent me from violating this Agreement by any legal means available including, but not limited to, denying me access to Memorial Hermann facilities or patient identifiable information, any corrective action measures applicable under Memorial Hermann policies and procedures or an institutional affiliation agreement and availing itself of any remedies from a court with jurisdiction in the matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (Parent/Legal Guardian if student under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Parent/Legal Guardian if student under 18)

*Please read the following information carefully. You must sign this acknowledgment to receive an information systems sign on code. By doing so, you will be acknowledging that you understand the policies stated on this form and agree to comply with them fully.*

The information stored in the computer systems of Memorial Hermann Healthcare System is confidential. This includes patient information, salaries, salary plans, personal information concerning employees, and all other information.

**ALL** patient care information is confidential. Patient care information is any information relating to an individual’s care at Memorial Hermann Healthcare System. Patient care information includes the paper chart documentation as well as the information in Memorial Hermann’s computersystems.

Confidential information is protected by the privacy laws of the United States of America and of the state of Texas. This information may be accessed only by persons who need the information to perform their job duties for Memorial Hermann Healthcare System. Confidential information may be released to persons outside Memorial Hermann only in accordance with Memorial Hermann’s procedures for release of information. Patient care information may be released to persons outside Memorial Hermann only for authorized business or legal processes.

**Failure to protect confidential information or unauthorized disclosure of confidential information will result in termination of your access privileges to Memorial Hermann information systems, and will be reported to the Dean of Student Affairs for disciplinary action.**

Information stored in Memorial Hermann’s computer systems may be accessed only by persons who have been issued user identification codes. Each authorized user of hospital computer systems will have a unique personal password that is associated with his/her user identification code. Each person is responsible for changing this password periodically (at least every 90 days).

All sign on codes and passwords to Memorial Hermann’s computer systems are confidential and are the property of Memorial Hermann Healthcare System. It is a crime, punishable by fine and imprisonment, to reveal passwords to anyone without Memorial Hermann’s permission (Texas Penal Code, Section 33.02).

**Using another person’s sign on code or giving your password to any person will result in termination of your access privileges to Memorial Hermann information systems, and will be reported to the Dean of Student Affairs for disciplinary action.**

**Entering data into Memorial Hermann’s computer systems using another person’s code/password is a falsification of records and will result in termination of your access privileges to Memorial Hermann information systems, and will be reported to the Dean of Student Affairs for disciplinary action.**

**You may also be subject to civil and criminal legal penalties if you violate these security policies.**

**Student Statement**

***I acknowledge the information confidentiality policies stated on this form, and I agree to comply fully with these policies.***

Printed Name	Signature	School Name	Date
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Printed Name	Signature	School Name	Date
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(Parent/Legal Guardian if student under 18)

## HIPAA & Compliance Verification

The following Memorial Hermann University (MHU) online modules must be completed as an essential element of a clinical or non-clinical assignment.

These requirements must be completed in its entirety *one time*. The evidence of completion is required each time a new clinical assignment is reviewed for approved clearance to start at any Memorial Hermann facility (submit the MHU Transcript as evidence of completion):

- Understanding HIPAA
- Corporate Compliance
- Effective Communication for Patients and Companions with Language and Other Communication Barriers

If you are rotating on any Memorial Hermann campus these requirements must be met. Your learning experience will cease if non-compliant.

I understand I will not be allowed to start my assignment until all student requirements have been met, including the HIPAA and Corporate Compliance requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (Parent/Legal Guardian if student under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Parent/Legal Guardian if student under 18)

*Please indicate if you are requesting access to our electronic medical record to support your clinical experience \_\_\_ Yes \_\_\_ No*

**Memorial Hermann Corporate Compliance:**  
**Accessing the Standards of Conduct and False Claims Policy**

**Corporate Compliance Program**

Recognizing the complexity of the various federal, state, and local laws regulating health care, Memorial Hermann Health System has adopted a Corporate Compliance Program. This Program is designed to assist the Board, the System and its employees, medical staff members, and independent contractors to maintain compliance through responsive educational programs, internal monitoring and reporting mechanisms, and Standards of Conduct. To learn more about the Memorial Hermann Corporate Compliance Program, visit

<https://www.memorialhermann.org/legal/corporate-compliance>. If you have any questions or concerns regarding compliance, please contact the Compliance Department at 713-338-4322 or call the Corporate Compliance Helpline at 713-338-4140 or 1-877-448-4140 (toll-free).

**Standards of Conduct**

The Standards of Conduct adopted by Memorial Hermann are intended to ensure we meet our compliance goals in a highly regulated business environment. The Standards of Conduct create a uniform code and provide general guidance when ethical questions arise in the course of your work. Everyone, including employees, medical staff, contractors, vendors, etc., must observe the Standards of Conduct. Access the Standards of Conduct, which are updated periodically, via the Memorial Hermann website. Visit <https://www.memorialhermann.org/legal/corporate-compliance> and select the "Standards of Conduct" link at the bottom of the webpage.

**False Claims Policy**

In accordance with the requirements of the Deficit Reduction Act of 2005, Memorial Hermann has developed a False Claims Policy. This policy states that Memorial Hermann is committed to complying with all applicable laws and regulations, supports the efforts of federal and state authorities in identifying incidents of fraud and/or abuse and has the necessary procedures in place to prevent, detect, report and correct incidents of fraud and/or abuse in accordance with contractual, regulatory and statutory requirements. You are responsible for complying with the Memorial Hermann False Claims Policy, which can be accessed via the Memorial Hermann website. Visit <https://www.memorialhermann.org/legal/corporate-compliance> and select the "False Claims Policy" link at the bottom of the webpage.

**Acknowledgement of Standards of Conduct and False Claims Policy**

I have received notification of and I will read and follow the Memorial Hermann Standards of Conduct and the Memorial Hermann False Claims Policy. I have received instructions regarding how to access these documents. I understand that the Standards of Conduct apply to my relationship with Memorial Hermann and that following all laws, regulations, policies and the Standards of Conduct is a condition of that relationship. I will seek advice from my Memorial Hermann supervisor, another manager or the Chief Compliance Officer, or I will call the Compliance Helpline with any compliance questions or issues.

My signature means that I acknowledge that it is my responsibility to read and comply with the procedures and policies set forth in the Standards of Conduct and with any new or revised policies located therein. I also acknowledge that it is my responsibility to read and comply with the Memorial Hermann False Claims Policy.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Position and Department/Division \_\_\_\_\_

Signature \_\_\_\_\_

(Parent/Legal Guardian if student under 18)

Printed Name (Parent/Legal Guardian if student under 18) \_\_\_\_\_ Date \_\_\_\_\_



### Student Attestation to Core Expectations

Memorial Hermann has been recognized as a national and regional leader in quality care. We have taken major steps to build a system of care that ensures timely, accurate, safe and effective treatments, and strive to create a high-reliability culture that fosters and supports safety as a core value.

Memorial Hermann is committed to providing an exceptional learning experience to advance your professional growth and development. You have been provided the privilege to acquire knowledge in a nationally recognized organization.

When completing rotations, students must follow the Memorial Hermann Standards of Conduct and demonstrate professional behaviors and appearance at all times.

I attest throughout my Memorial Hermann assignment I will meet the following core expectations:

- Practice according to my current program level as defined by my institution of learning
- Review learning clinical objectives with the preceptor to establish goals
- Remain actively engaged in the clinical assignment/learning experience
- Follow the Memorial Hermann escalation process and initiate as indicated (e.g. safety, quality and or ethical concerns)
- Utilize appropriate resources (e.g. PolicyTech, MH intranet resources)
- if applicable to your learning experience:
  - I will administer medications under close supervision always observing the Rights of Safe Medication Administration throughout all the phases of the process. Phases include verification of the order, obtaining the medication, preparing the administration, patient verification/scanning, patient education, administration, documentation and assessment.
  - I will electronically document under supervision ensuring my documentation is co-signed by the preceptor.
  - I will only perform patient interventions with my preceptor's guidance or direct supervision.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Name of Faculty or Clinical Instructor: \_\_\_\_\_

Contact Number for Faculty or Clinical Instructor: \_\_\_\_\_

**Memorial Hermann**  
**Acknowledgement of Receipt of The Joint Commission Address & Telephone Number**

# 2023 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

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**Identify patients correctly**  
NPSG.01.01.01      Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

**Improve staff communication**  
NPSG.02.03.01      Get important test results to the right staff person on time.

**Use medicines safely**  
NPSG.03.04.01      Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.  
NPSG.03.05.01      Take extra care with patients who take medicines to thin their blood.  
NPSG.03.06.01      Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

**Use alarms safely**  
NPSG.06.01.01      Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

**Prevent infection**  
NPSG.07.01.01      Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

**Identify patient safety risks**  
NPSG.15.01.01      Reduce the risk for suicide.

**Prevent mistakes in surgery**  
UP.01.01.01      Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.  
UP.01.02.01      Mark the correct place on the patient's body where the surgery is to be done.  
UP.01.03.01      Pause before the surgery to make sure that a mistake is not being made.

Details of The Joint Commission NPSG: [Hospital: 2023 National Patient Safety Goals | The Joint Commission](#)

As a student at Memorial Hermann Hospital, I understand I have the right to report any concerns about the safety or quality of care provided by Memorial Hermann Healthcare System (MHHS). No disciplinary or punitive action will be taken, because a student, employee, physician, or other individual who provides care, treatment and services reports safety or quality-of-care concerns to The Joint Commission. I may report these concerns to the following agency:

The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
1-800-994-6610

**The Joint Commission National Patient Safety Goals 2022 Acknowledgement**

I have received, read, understood and agree to comply with The Joint Commission 2022 National Patient Safety Goals and understand my right to report any quality or safety concerns by MHHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (Parent/Legal Guardian if student under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Parent/Legal Guardian if student under 18)

## Memorial Hermann Requirements for Clinical Placement

### When requesting an assignment, please provide the following information:

- Student's name and contact information
- Institution's name and contact person
- Requested start date and length of clinical rotation
- Assigned preceptor, if known
- If assigned to a preceptor employed by UT (physician, NP, PA) an additional UT Supervision Agreement is required (UTH students are excluded); if assigned to private physician, a Third Party Signature Addendum is required
- If currently or previously employed by Memorial Hermann
- Contact information to notify of the student's clearance once documents are in order and requirements are met
- Course objectives should be available upon request (students must maintain a copy of their objectives during the clinical assignment)

### Memorial Hermann responsibilities:

- Verification of current institution's Affiliation Agreement or successfully initiates a new agreement with Memorial Hermann (MHHS template will be provided)
- Email the student/faculty requirements
- Verify the requirements have been met

### Student requirements: (faculty onsite will require the same submissions)

- The following forms must be reviewed, signed, and submitted before the start of the rotation:
  - HIPAA Attachment E
  - HIPAA Supplement to Attachment E
  - Memorial Hermann Confidentiality Acknowledgement
  - HIPAA & Security Student Completion Verification
  - MHHS False Claims Policies and Standards of Conduct Attestation, review of the following documents:
    - Standards of Conduct
    - Texas False Claims Act
  - Student Attestation to Core Expectations
  - Joint Commission National Patient Safety Goals & Acknowledgement
  - Student Emergency Contact Form
  - This document, Requirements for Clinical Placement, signed below, verifying all the requirements
  - High School Waiver (High School students only)
- Password Request (BulkNonEmpProvision) submitted if access required to electronic documentation (Allow several weeks to process a sign-on/password for electronic documentation and/or access to MHU Online)
- MHU transcript as evidence of completion of the assigned regulatory modules
- If currently licensed, provide a copy of your proof of licensure
- The following PowerPoint must be reviewed before starting the clinical rotation on the texasnrc.org site:
  - Memorial Hermann Health System (MHHS) Student Orientation Packet

### Note students employed by MHHS:

- Will not complete student/clinical hours while begin paid for time by Memorial Hermann Health System
- Will not enter the computer as an employee while on school/clinical time. (student password required)
- Will not enter restricted areas not normally accessible to students while on campus for School/Clinical Time

### Faculty/Institution of learning required submission:

- Standard Verification must be completed and submitted by the school/institution
- **Only during the Influenza season, 10/1-3/31**, the Vaccine QPSIC Registration form must be completed and submitted from the school/institution in addition to the Standard Verification
- If applicable, the UT Supervision Agreement or 3<sup>rd</sup> Party Signature Addendum

I attest I have reviewed and understand the Memorial Hermann requirements and orientation resources.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If student under 18)