**University of North Alabama**

**MSW Field Instruction**

**Confidentiality and Non-Disclosure Agreement**

I understand that in the performance of my duties, I may obtain confidential information about or from the agency which I am placed. Confidential Information includes, but is not limited to, financial or proprietary data about: information about an agency’s business and employees, patient information, methods of operating, development plans, programs, documentation, techniques, trade secrets, systems, know-how, policy statements and other confidential data. I will not disclose Confidential Information (including, but not limited to, Protected Health Information-PHI) to anyone, including my family and friends, under any circumstances. I agree to maintain in strict confidence all Confidential Information and will not, unless otherwise required by law, disclose such Confidential Information to any third party without said Agency’s prior written consent. I agree to remove all individually identifiable information about any agency patient (following HIPAA de-identification regulations) prior to discussion of or writing in an academic context relative to my program of study. I agree to maintain patient confidentiality in both written and verbal communication with other students, instructors, any other individuals, in clinical rounds or class discussion, as well as in any published materials. I understand that patient confidentiality is of such great importance that PHI is NEVER to be shared with anyone even if it is many years after I participate in the Program. “PHI” is defined as individually identifiable health information, which is health information created, received or used by the Agency relating to (a) the past, present or future physical or mental health or condition of a patient, or (b) payment for the provision of healthcare to a patient. PHI contains identifiers that identify a patient or for which there is a reasonable basis to believe the information can be used to identify a patient. Examples of individual identifiers include, but are not limited to, patient name, complete addresses, social security number, date of birth, medical record number and dates of treatment. PHI may include any or all of these individual identifiers coupled with a patient’s health information, examples of which are a social security number and diagnosis, date of birth and past medical history, or dates of treatment and symptoms present at the time of treatment. I understand and agree that this signed document shall remain effective for the duration of my student clinical experiences at the assigned Agency.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: School of Social Work, University of North Alabama

\*Adapted from the University of Alabama\*