

**CARLE FOUNDATION HOSPITAL & AFFILIATES/SUBSIDIARIES (CFH)
FACULTY CONFIDENTIALITY AGREEMENT (Agreement)
HIPAA PRIVACY & SECURITY AWARENESS**

I, _____ (Faculty member responsible for student clinical/non-clinical activities), acknowledge that my signature below indicates the following:

1. I have received and will read the CFH-specific training documents on HIPAA Privacy and Security Awareness prior to beginning an affiliation assignment at CFH;
2. I agree to abide by these standards and the related CFH policies and procedures designed to comply with the laws and regulations to protect the privacy and security of patient information;
3. I will ensure that all students for whom I am responsible have completed the CFH-specific training on HIPAA Privacy and Security Awareness *prior* to the start of their affiliation at CFH;
4. I will support the adherence to CFH policies and procedures related to patient privacy and security of patient information by the students for whom I am responsible;
5. I understand that the failure to follow the provisions of this Agreement and the related CFH policies and procedures may result in immediate termination of my encounter or assignment with CFH as well as civil and/or criminal penalties;
6. I understand that CFH reserves the right to revise, add, change and update the documents I received and related policies and procedures as may be required from time to time.
7. I will provide CFH with the student roster identifying those students who have received and completed the Carle-specific HIPAA Privacy and Security Awareness training *prior to* the start of the affiliation activities at CFH;
8. I agree to return this Agreement, the above student roster and my students' signed *CFH Student Confidentiality Agreements* to the following address *prior to* the start of the affiliation activities at CFH (*please return to: Attention: Tammie Ellingson, Carle Foundation Hospital, Hospital Education Department, 611 W. Park Street, Urbana, IL 61801*)

Faculty Signature: _____

School/University Name: _____

Date Signed: _____