## WISCONSIN INDIANHEAD TECHNICAL COLLEGE

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## **HEALTH SCIENCES**

## **CONFIDENTIALITY STATEMENT**

Clinical experiences require the student to access and use health information regarding their clients in great detail. The student must always hold information regarding the identity, condition, care, or treatment of the client in confidence. The obligation of professional confidentiality must be carefully fulfilled not only regarding the information on the client's charts and records, but also regarding confidential matters learned in the exercise of professional/student activities. Information systems may not be used to access confidential information that is not essential for completion of professional/student activities.

The student must not discuss such information with others unless it is required directly for the treatment or care of the client or the performance of duties. Inappropriate sites for discussing any client information include, but are not limited to: cafeteria, parking areas, elevator, stairwell, etc.—any area where information may be overheard by others. In addition, such information should not be transmitted to or from, or stored within, any form of personal technology equipment (e.g. personal computer, laptop, cell phone, etc.) nor should it be shared in any form of social media (e.g. Facebook, YouTube, etc.). Any intentional or accidental violation of these confidentiality provisions must be reported to the appropriate supervisory personnel immediately.

The student and employees of Wisconsin Indianhead Technical College (WITC) will abide by the confidentiality policy of the clinical site.

Any violation of the confidentiality statement may result in clinical and/or disciplinary probation, dismissal, or legal consequences.

The student's signature below signifies that the student has read, understands, and will adhere to the WITC Health Sciences Confidentiality Statement.

| Student Signature | Student ID |  |
|-------------------|------------|--|
|                   |            |  |
|                   |            |  |
|                   |            |  |
| Print Full Name   | Date       |  |