

STUDENT/FACULTY CERTIFICATION
ATTACHMENT
TO EXHIBIT A
of the PROGRAM AGREEMENT
between
Children's Hospital of Wisconsin, Inc. and

Name of School

The undersigned agrees that any information or knowledge acquired or received by me during the course of my experience at Children's Hospital of Wisconsin (CHW), including but not limited to patient data and patient care, information, CHW's business affairs, methods of operation, and computer processing systems ("Confidential Information") is confidential. I agree to maintain the confidentiality of and not to disclose or use Confidential Information during and after my experience at CHW ends, without CHW's prior written consent.

I understand that information contained in medical or electronic records is the property of Children's Hospital and Health System, Inc., and those patients have the right to expect that health records will be managed confidentially. I agree to follow all CHW policies and procedures regarding patient privacy and I understand that any violation of those policies could result in immediate dismissal from the CHW assignment, as well as federal, civil and/or criminal penalties. I further agree as follows:

1. I am responsible for protecting the confidentiality of patient information disclosed to me.
2. I will only access patient information that is necessary for my assignment and I will not disclose information to other students or faculty or to employees of Children's Hospital of Wisconsin unless they need it to do their job.
3. I will refer all request for copies of medical records to the Patient Health Information Department.
4. I will not discuss patient information in public places (for example, elevators or the cafeteria).
5. I will not disclose patient information outside Children's Hospital of Wisconsin.
6. I will review CHW privacy policies and consider how they impact my clinical assignment. If I have questions or concerns about patient privacy, I will contact the CHW Privacy Officer at (414) 266-2215.

Accepted and agreed to:

By: _____

Student / Faculty signature (electronic not accepted)

Legibly Print Full Name

Date: _____

COMPLETION OF THIS DOCUMENT FOR EACH STUDENT IS REQUIRED 30 DAYS PRIOR TO PLACEMENT.