

New West Orthopaedic & Sports Rehabilitation Confidentiality Agreement

This agreement is entered into by and between New West Orthopaedic & Sports Rehabilitation (NW) and all students (observers, interns, volunteers, etc.) to set forth the terms and conditions under which “protected health information” (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Regulations enacted thereunder, created or received by such students on behalf of NW may be used or disclosed.

This agreement shall commence on the first day of observation or internship at NW and the obligations herein shall continue in effect as long as the student has an affiliation with NW.

- 1) This person hereby agrees to maintain the security and privacy of all PHI in a manner consistent with Nebraska state and federal laws and regulations including HIPAA and all other applicable laws.
- 2) This person agrees not to use or disclose PHI except as permitted by this agreement or applicable law. Should disclosure of PHI be required for their individual education program, all attempts to limit such disclosure will be made.
- 3) This person agrees to use appropriate safeguards to prevent use or disclosure of PHI not permitted in this agreement.
- 4) NW may terminate this agreement immediately if it is determined that the undersigned person has breached a material term of this agreement.

I, _____ referred to as “the person” in this document, agrees to abide by all HIPAA and confidentiality laws and regulations during my affiliation with NW.

Student signature

Date

NW representative signature

Date