



## HIPAA COMPLIANCE AGREEMENT FOR STUDENT PROFESSIONALS

### TO ALL STUDENTS ROTATING AT ONE BROOKLYN HEALTH THROUGH THE UNDERGRADUATE MEDICAL EDUCATION (UME):

To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, included Administrative Simplification provisions that required HHS to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for individually identifiable health information.

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other individually identifiable health information (collectively defined as "protected health information") and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of protected health information and sets limits and conditions on the uses and disclosures that may be made of such information without an individual's authorization. The Rule also gives individuals rights over their protected health information, including rights to examine and obtain a copy of their health records, to direct a covered entity to transmit to a third party an electronic copy of their protected health information in an electronic health record, and to request corrections.

The Privacy Rule is located at 45 CFR Part 160 and Subparts A and E of Part 164.

At OBH, the UME Department has a ZERO TOLERANCE on any individual who breach HIPAA Private Policies Law, and will proceed to necessary measures if needed, including suspension of current rotations or future rotations, immediate dismissal from the program and other federal legal measures.

My signature on this form acknowledges that I have read and understand the above and following attachments regarding HIPAA awareness, Privacy Policies and Procedures and Security. I will adhere to maintain the policies and standards of HIPAA and understand the consequences if breached.

STUDENT NAME: \_\_\_\_\_

STUDENT SIGNATURE & DATE: \_\_\_\_\_