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CONFIDENTIALITY STATEMENT-STUDENT/ INTERN/ VOLUNTEER

I have been notified that as a student, intern, or volunteer working with or in affiliation with the Scioto County Health Department, I may become aware of or obtain protected health information for individuals or institutions/facilities. Ohio Revised Code section 3701.17 defines "protected health information" as information, in any form, including oral, written, electronic, visual, pictorial, or physical that describes an individual's past, present, or future physical or mental health status or condition, receipt of treatment or care, or purchase of health products, if either of the following applies:

- (1) The information reveals the identity of the individual(s) who is the subject of the information, or
- (2) The information could be used to reveal the identity of the individual who is the subject of the information, either by using the information alone or with other information that is available to predictable recipients of the information. (Examples include but are not limited to addresses, phone numbers, social security numbers, schools, workplaces, etc.)

Protected health information reported to or obtained by the Scioto County Health Department is confidential and shall not be released by the student, intern, or volunteer working with or in affiliation with the Scioto County Health Department. Further, any health information reported to the Scioto County Health Department by or regarding any health care facilities, child care facilities, schools, businesses, or other institutions is considered confidential and shall not be released by the student, intern, or volunteer working with or in affiliation with the Scioto County Health Department

Having been so advised, I, as a student, intern, or volunteer, working with or in affiliation with the Scioto County Health Department, am aware of my responsibility to maintain the confidentiality of the protected health information received by the Scioto County Health Department during my affiliation with the Scioto County Health Department, and shall not disclose any information regarding the confidential protected health information obtained by the Scioto County Health Department, in any manner or form.

Any unauthorized disclosure shall be reported immediately to the supervisor of the Scioto County Health Department, and will result in corrective action; including but not limited to the termination of my affiliation with the Scioto County Health Department. In the event that my affiliation with the Scioto County Health Department is pursuant to or a part of my nursing education program, I understand that notice shall be given to the appropriate personnel of the nursing education program.

I further understand that I must abide by the confidentiality guidelines established by the Scioto County Board of Health for the Scioto County Health Department, and am aware that my responsibilities remain effective indefinitely after my affiliation with the Scioto County Health Department is completed or has been terminated.

Having been so advised, I agree to the above terms and conditions.

Student/Intern/Volunteer Name (please print) _____

Student/Intern/Volunteer S1gnature _____ Date: _____