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STUDENT AGREEMENT:
CONFIDENTIALITY OF PATIENT INFORMATION

Students must sign this Confidentiality of Patient Information agreement in compliance with the federal "Health Information Portability and Accountability Act" (HIPAA) Privacy Law.

Under HIPAA, "individually-identifiable health information" may be disclosed ***only with the patient's written permission*** *to anyone other than the patient. All discussions about patients' medical conditions must be kept private unless express written permission is given to share this information. Medical records may be accessed only on as-needed basis to facilitate patient care. Compliance with HIPAA shall be observed at all times, including outside of the classroom setting, including but not limited to on-line discussion forums and email correspondence. AOM Professional's Privacy Practices are described in the attached "Notice of Privacy Practices" regarding HIPAA compliance.*

Failure to comply with the terms of this agreement is grounds for immediate termination of student status.

By signing below, I hereby state that I have received a copy of AOM Professional's "Notice of Privacy Practices" regarding HIPAA compliance, and agree to abide by its terms, and by the terms of this agreement.

Name (please print): _____

Signature: _____

Date: _____

Received by authorized AOM Professional representative
Name: _____ Date: _____