

*Associate Degree Radiologic Technology Program
Jefferson Community College*

Acknowledgment of HIPAA Training

I, _____, received information and instruction on the Health Insurance Portability and Accountability Act (HIPAA) prior to the first day of clinical instruction in a healthcare facility.

I understand that as a student radiographer and member of the healthcare team, I am expected to adhere to all policies and procedures designed to protect health information regardless of the form in which it is presented (written, spoken or electronic). No information will be shared with family, friends, attorneys, etc. without prior documented authorization by the client or the appropriate designee. Information among healthcare providers will only be shared to those who must know (physician, nurses and interdisciplinary team directly responsible for taking care of the client).

Further, I understand that failure to adhere to these standards may result in subsequent legal action, imprisonment and/or penalties against me personally and/or Jefferson Community College. Violation of these standards may also result in dismissal from the program.

Signed: _____

Date: _____

File: hipa agreement