

The Kennedy Willis Center

AT PATHFINDER VILLAGE

HIPAA/Confidentiality Statement

I, the undersigned, have received training at Pathfinder Village on the topic of the Federal Health Information Privacy and Accountability Act (HIPAA/HITECH). I agree to abide by the policies and practices of the Act during my internship or work at Pathfinder Village.

I will respect the confidentiality of the information that I have access to during my internship. I will only utilize this information in a confidential manner. If used for non-clinical purposes, the identities of the individuals will not be used.

Print Name

Signature

Date