

UNIVERSITY OF FLORIDA  
Privacy of Health Information



UNIVERSITY OF  
FLORIDA

## Confidentiality Statement

- I acknowledge that this statement applies to all members of the workforce, including but not limited to, employees, volunteers, students, physicians, resident physicians, and third parties, whether temporary or permanent, paid or not paid, visiting, or designated as associates, who are employed by, contracted to, or under the direct control of the medical components of the *University of Florida* (UF). The medical components include the Health Science Centers located in both Gainesville and Jacksonville, and all their direct support organizations, designated as *affiliated entities* (affiliates) in the Privacy Manual of the University of Florida.
- I acknowledge that UF has formally stated in the UF Privacy Manual its commitment to preserving the confidentiality and security of health information, whether it is maintained or distributed in paper, electronic, video, verbal, or any other medium or format. I understand that I am required, if I have access to such health information, to maintain its confidentiality and security.
- I understand that access to health information created, received, or maintained by UF or its affiliates in any location is limited to those who have a valid business or medical need for the information or otherwise have a right to know the information. I understand that there are many administrative, physical and technical safeguards in place to protect the privacy and security of this health information, and that any attempt to bypass or override these safeguards is a violation of federal and state laws and the privacy and security policies of the University of Florida.
- I understand that anyone who is authorized to access electronic health information within UF and affiliate systems will be issued a unique user identification and password, and that any person who knowingly discloses their user ID or password to others, uses or discloses another individual's user ID or password, or accesses any electronic protected health information without authorization is subject to disciplinary action, up to and including dismissal. In addition, I understand that all UF and affiliate workforce members must comply with applicable Information Technology Security Policies.
- I understand that approved methods and purposes for access to, uses and disclosures of, and requests for, any and all protected health information created, received or maintained by UF and its affiliates are limited to those described in the *University of Florida* Privacy Manual policies and procedures. I further understand that, with the exception of purposes related to treatment, access to, uses and disclosures of, and requests for an individual's health information must, to the extent practicable, be limited to the minimum necessary to accomplish the intended purpose of the approved use, disclosure or request.
- I understand that any known or suspected violation of the confidentiality or security of health information must be reported to my immediate supervisor or to the Privacy Officer immediately.

I have read the UF Confidentiality Statement and I understand that violation of this policy may result in disciplinary action, up to, and including, dismissal, by the University or its health care affiliated entities, in accordance with UF policies, UFJPI/UFJHI policies, and Rules 6C1-1.008, 6C1-3.047, 6C1-4.016, and 6C1-7.048 of the Florida Administrative Code, as applicable.

**I have read the University of Florida Health Information Policy.**

Print Name		Signature
Date	UF ID #	College/Dept

Confidentiality Statements are required annually (within every 12 months). Signed documents are placed in the personnel, student, or other appropriate file of the signer. Confidentiality Statements "signed" on-line may be printed and filed as previously stated or stored on-line.