

**MURRAY STATE UNIVERSITY SOCIAL WORK PROGRAM
PROTECTED INFORMATION
CONFIDENTIALITY ACKNOWLEDGMENT**

Having been educated regarding confidentiality during my course work in the Social Work Program, I understand that by virtue of my participation in volunteer work or shadowing through the Social Work Program at Murray State University, I agree to adhere to the following:

In connection with my volunteer experience I recognize that I may have access to oral information and review of records and charts of patients, whether by paper copy or computer files, which contain protected information, the disclosure of which is prohibited by the Health Insurance Portability and Accountability Act of 1996, applicable state laws (Kentucky Revised Statutes), and the *NASW Code of Ethics*; and that such disclosure could subject me to penalties imposed by law. I further acknowledge and fully understand that the disclosure by me of this information to any unauthorized person is also a violation of the Social Work Program and Murray State University's policy and could subject me to disciplinary action imposed by the Social Work Program and/or Murray State University.

Print student's name.

Student's Signature

Date Signed

*-adapted 3/10/08
jwylie*