

HIPAA Training Verification for Galveston College Massage Therapy Students

Due to the nature of massage, students are exposed to personal information of clients and fellow classmates. Please initial and sign below to indicate understanding of protecting personal information in accordance with HIPAA. *You must return this completed document to your program/supervisor to receive credit for completing the HIPAA Training Module*

_____ ***I will protect Confidential Information***

(Initial)

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. I will not take media or documents containing Confidential Information home with me unless specifically authorized to do so as part of my job.
2. I will not publish or disclose any Confidential Information to others using personal email, or to any Internet sites, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of Galveston College business and within the permitted uses of Confidential Information as governed by regulations such as HIPAA.
3. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized. I will only reuse or destroy media in accordance with Galveston College Information Security Standards and record retention policy.
4. In the course of treating clients, I may need to orally communicate health information to or about clients with the client or with my instructor. While I understand that my first priority is treating clients, I will take reasonable safeguards to protect conversations from unauthorized listeners. Such safeguards include, but are not limited to: lowering my voice or using private rooms or areas where available.
5. I will not make any unauthorized transmissions, inquiries, modifications, or purging's of Confidential Information.
6. I will not transmit Confidential client Information of any kind

_____ ***I understand the responsibilities of Portable Devices and Removable Media***

(Initial)

1. I will not copy or store client Information on removable media or portable devices such as laptops, personal digital assistants (PDAs), cell phones, CDs, thumb drives, external hard drives, etc...
2. I will not photograph and/or share client or classroom images at any time.

_____ ***HIPAA Privacy Training Acknowledgement***

(Initial)

I received HIPAA Privacy Training on (date)_____ through the **Student HIPAA Community Standards Training Module**, and understand if I intentionally or unintentionally violate (or think I violated) any clause in the HIPAA law, I will notify my immediate faculty member/supervisor as soon as possible and provide a written description stating the conditions of the occurrence. The supervisor will review the situation and facts and make a recommendation for appropriate actions. The faculty member/supervisor will also alert the Director of Continuing Education, who shall review the conditions and recommend further corrective actions. I understand that further investigation of the HIPAA violation can be accomplished by the appropriate governmental agencies, and that Galveston College will maintain written records of violations and their corrective actions. I agree to fully cooperate with any Galveston College or governmental agency to find a suitable resolution to a violation.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above. I understand that any violation of this confidentiality and security agreement is very serious and can lead to disciplinary action, up to and including termination of my Galveston College enrollment/duties/role.

Signed: _____ Date: _____