



Internship Confidentiality Agreement

Patient information in any form, written, spoken or in electronic systems, is protected by federal Health Insurance Portability and Accountability Act (HIPAA) of 1996.

_____ has access to Canton City Public Health facilities exclusively for the purposes of performing duties in the student MOU and is expressly prohibited from accessing any electronic equipment or reading any information regarding patient care.

Failure to abide by the terms of this agreement may result in termination of contract and/or legal action against person listed above.

Student

Signature

Print Name

Title

Date

Canton City Public Health

Signature

Print Name

Title

Date