

**Radiology Technology Program
Confidentiality/HIPAA Education Recognition Form**

HIPAA Education/compliance is required at all healthcare facilities; therefore it is mandatory that you as a prospective student of the Community College of Denver, Radiology Technology Program must be informed about HIPAA regulations and rules.

- As a student performing a clinical job experience at _____, and
- As a student participating in a clinical internship associated with Community College of Denver,
- You will have access to confidential medical information.
- Federal and State laws protect this confidential medical information.
- It is illegal for you to use or disclose this confidential information.

I, _____ (**print** student name),
acknowledge that I understand the HIPAA policies and how it affects my clinical job shadow experience, and my clinical internship.

If I have any questions regarding the HIPAA policy, I will direct them to the Clinical Coordinator or research HIPAA information at the following website:
<http://hhs.gov/ocr/hipaa/>

I, _____ (**print** student name)
acknowledge that I will maintain and protect the confidentiality of any and all information I encounter while performing my clinical job shadow and clinical internship with the Community College of Denver. I also understand this from _____ will be filed in my student file at CCD and may also be kept on file at the clinical site.

Student Signature Date

Clinical Coordinator Signature Date