University of Findlay
Diagnostic Medical Sonography

Patient Confidentiality Agreement

This form must be signed and returned to the Diagnostic Medical Sonography Program Office prior to the student completing the required hours of observation.

Under no circumstances, will the student be permitted to complete any hours of observation without receipt of this form. Should a student complete the hours of observation without completion and receipt of this form in the program office, the students' application will not be considered for any Diagnostic Medical Sonography Program.

Rationale:
A major responsibility of a sonographer is to maintain the privacy and confidentiality of the patient. This is a fundamental element in professional and ethical conduct. As a perspective student observing during the application process, you have access to sensitive and confidential information about the patients, visitors and staff at the site. Any information obtained while performing your observation hours must be kept strictly confidential. This information is not to be discussed with anyone other than those individuals associated with the care of the patient.

The clinical site has given you permission to observe in their department because you are an applicant for Diagnostic Medical Sonography Programs at The University of Findlay. The sonography department and The University of Findlay expects that you will conduct yourself in an ethical manner and hold all private information confidential.

I, _____ understand and agree that during the performance of my required hours of observation for application to the Diagnostic Medical Sonography Programs, any patient information I obtain at the clinical site will be kept strictly confidential. I also understand that violation of this policy will result in ineligibility for admission to the Diagnostic Medical Sonography Programs and may result in legal action under the Health Information Portability and Accountability Act (HIPAA).

I understand that the host facility may ask me to discontinue observation at any time they believe my actions are inappropriate.

Signature of applicant is required.

Signature**:** _____ Date _____

Printed Name**:** _____