

**Employee/Student/Volunteer  
HIPAA Letter of Instruction  
Annual Nondisclosure Acknowledgement**

Name: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Position: \_\_\_\_\_

As an employee with access to private health information, I am expected to maintain the privacy and confidentiality of student-athlete health information, as well as personal information such as age, address, telephone, marital status, etc. Recently enacted federal rules, adopted as part of the Health Insurance Portability and Accountability Act "HIPAA", mandate new requirements designed to enhance patient privacy.

In an effort to maintain the privacy of student-athlete information, the University of Nevada, Las Vegas Athletic Training Department has required that I reaffirm my commitment made at the time of my employment/assignment to protect the confidentiality of health information.

I understand that I may be reminded of these confidentiality obligations on a periodic basis to help ensure compliance, due to the significance of this issue.

By my signature below, I acknowledge that I made the commitment set forth below at the time of my employment/assignment, I confirm my past compliance with it, and I reaffirm my continued obligation to it.

I understand that I have a legal and ethical responsibility to safeguard the privacy of all student-athletes and to protect the confidentiality of their health information. In the course of my employment/assignment at the University of Nevada, Las Vegas, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient care.

I understand that such information must be maintained in the strictest confidence. As a condition of my employment/assignment, I hereby agree that, unless directed by my supervisor, I will not at any time during or after my employment/assignment with the University of Nevada, Las Vegas Athletic Training Department disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control, or use patient information, other than as necessary in the course of my employment/assignment.

When patient information must be discussed with other healthcare providers in the course of my work, I will use discretion to ensure that others who are not involved in the patient's care cannot overhear such conversations.

The violation of these rules could result in significant civil and criminal penalties for myself and UNLV, particularly if an improper disclosure of information is done knowingly and for personal gain. I have/will receive training regarding these rules. In general, however, disclosure of health information to anyone other than the student-athlete typically requires the student-athlete's express written authorization except in the following situations: 1) to co-employees who need the information for their job, or to a supervisor, 2) to another medical provider for treatment purposes, or 3) to an insurance company to obtain payment for a service.

As part of my job responsibilities, I am expected to comply with HIPAA and all procedures developed for its implementation. I understand the violation of these rules may result in discipline up to, and including, termination for a first offense.

If you have questions, please discuss it with your supervisor or the designated privacy officer. Please acknowledge receipt of this letter by signing below.

\_\_\_\_\_  
Signature of Employee/Student/Volunteer

\_\_\_\_\_  
Date

cc: personnel file