University of Florida Privacy of Health Information Confidentiality Statement

(Please read, sign, and give to UFCOM Admissions Team)

- I acknowledge that the statement applies, but is not limited to, University of Florida (UF) employees, volunteers, students, physicians, resident physicians and third parties under the direct control of the University of Florida Health Science Center, whether temporary or permanent, paid or not paid, as well as visiting and associate faculty, staff and students.

- I acknowledge that the University of Florida Health Science Center (HSC) has stated its commitment to protecting the confidentiality of health information, whether it is maintained or distributed in paper, electronic, video, verbal or any other medium or format. I understand that it is the requirement of the HSC that persons with access to such health information will maintain its confidentiality.

- I understand that access to health information created, received or maintained by the University of Florida is limited to those who have a valid business or medical need for the information or otherwise have a right to know the information. I also understand that all UF employees must comply with the University's Acceptable Use Policy (AUP). In addition, I understand that anyone who is authorized to access electronic health information held by the University will be issued a unique use id a password and that any person who uses or discloses another individual's use id or accesses past or present health information without authorization is subject to disciplinary action, up to, and including dismissal.

- I understand that approved access to, uses and disclosures of, and requests for, protected health information created, received or maintained by the UF are limited to those described in the following policies and procedures. I further understand that, with the exception of purposes related to treatment, access to, uses and disclosures of, and requests for, an individual's health information must, to the extent practicable, be limited to the minimum necessary to accomplish the intended purpose of the approved use, disclosure or request.

- I understand that any known or suspected violation of this policy must be reported to my immediate supervisor or to the Privacy Officer, either of whom will be responsible for advising the Director or Chair of the department involved. The violation information will be reviewed and investigated by the Privacy Officer.

I have read the above statement and I understand violation of the policy may result in disciplinary action up to and including cancellation of my application to the University of Florida College of Medicine.

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Print Name Signature

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Date