

**MONMOUTH UNIVERSITY CENTER FOR SPEECH AND LANGUAGE DISORDERS CONFIDENTIALITY AGREEMENT**

I, the undersigned Monmouth University student, confirm the following:

1. I have completed training regarding the rules and regulations of the Health Insurance Portability and Accountability Act (HIPAA) through the Clinical Methods SLP 604 Course.
2. I will maintain confidentiality in reference to any and all clients in the Monmouth University’s Center for Speech and Language Disorders with the minimum necessary policies and procedure guidelines set forth by the Department of Health and Human Services by: a. De-identifying any documents created regarding any and all clients b. Keeping confidential all protected health information (PHI) regarding any and all clients in the Monmouth University Center for Speech and Language Disorders; and c. Limiting how much protected health information (PHI) is disclosed for any purpose.
3. I understand that all client records must be kept on premises and files must be signed out and read only in the Student Workroom.
4. I understand that client reports with identifying information may only be printed in the Student Workroom.



Printed Name/Date



Signature/Date