



PENN STATE COOPERATIVE EXTENSION

STATEMENT OF CONFIDENTIALITY

In the performance of your duties and responsibilities with Penn State Cooperative Extension, you are expected to maintain and protect the confidentiality of participant health care information collected as a part of the Growing Stronger Program. Confidential participant health care information may be released only with the participant’s written authorization, by court order, or as otherwise mandated by law.

Confidential Participant Health Care Information includes but is not limited to:

1. Participant name and other information obtained on the Physician Authorization Form that identifies the person as a medical patient.
2. All health care case discussions, diagnoses, consultations, examinations, and treatments;
3. All forms of patient records from health care providers and copies of orders; and
4. All information about the disposition or personal health care characteristics of program participants;
5. All health care-related billing information.

Use care in the discussion of any confidential information with program participants and other staff to avoid unintentional disclosure of confidential information. Any breach of your responsibility to maintain and protect the confidentiality of participant information, including the unauthorized release of confidential information to third parties, may subject you to disciplinary action including dismissal.

I acknowledge receipt of the Penn State Cooperative Extension “Statement of Confidentiality.”

Signature

Date

Name (please print)

Supervisor

Date