

Confidentiality and Security Training Requirements

All College of Medicine students are required to have current HIPAA (Health Insurance Portability and Accountability Act) training, and two confidentiality agreements on file; the UF Confidentiality Statement and the UF Health Security and Confidentiality Agreement. Denise Chichester in the Office of Educational Affairs maintains the records for student compliance. Before matriculation, and at the beginning of each calendar year, each student must submit proof of current HIPAA training, and the two confidentiality forms.

HIPAA

Complete the appropriate HIPAA training module (It is okay to complete both training modules):

- If you are not involved in research, complete the HIPAA & Privacy General Awareness training.
- If you are involved in human-subject research in any way, complete HIPAA & Privacy – Research training.
- If you are not sure, we recommend taking HIPAA & Privacy - Research training.

HIPAA & Privacy General Awareness and HIPAA & Privacy - Research training must be completed in myTraining, a UF and UF Health shared training management system.

- PLEASE NOTE: The myTraining system requires use of Internet Explorer (Windows) or Safari (Mac). Pop-up blockers must be turned off to allow training content to open.
- Please see the myTraining tutorials for additional assistance with completing training and checking your transcript (your transcript allows you to view, print or export your diploma): <http://training.hr.ufl.edu/resources/mytraining/tutorial/mytraining.html>

Below are basic instructions for accessing myTraining and locating the HIPAA privacy training modules:

- Go to the following web address: <http://mytraining.hr.ufl.edu/>
- Select the University of Florida option to log in with GatorLink credentials.
- Once logged into myTraining, locate the Activity Search field in the upper left-hand corner, enter the course code or course name, and click the magnifying glass to search
- Once the appropriate training has been located, click the green 'Start' button to begin
- IMPORTANT - If presented with an option to 'restart' or 'review' the course, you MUST select the 'restart' option in order to receive proper completion credit
- From the learner dashboard, select 'Training Transcript' to view, print or export your diploma as proof of completion

➔ Send proof of completion to Denise Chichester:

- Save your diploma as a PDF document and send it by e-mail to denisef@ufl.edu

OR

- Print your diploma and bring it to the Office of Educational Affairs, Suite 445, Harrell Medical Education Building

If you have any technical questions or problems with myTraining, please contact:

UF Training & Organizational Development

Email: training@ufl.edu

Phone: (352) 392-4626

CONFIDENTIALITY AGREEMENTS

UF Confidentiality Statement

To sign the UF Confidentiality Statement go to: <http://privacy.health.ufl.edu/confidential/index.shtml> and follow the instructions. 'Step 2.' is where you will read and "sign" the statement. You will not physically sign the form; by checking the box and submitting you have signed the agreement.

- Send proof of completion to Denise Chichester:
- Save your Confidentiality Statement as a PDF document and send it by e-mail to denisef@ufl.edu
- OR
- Print your Confidentiality Statement and bring it to the Office of Educational Affairs, Suite 445, Harrell Medical Education Building

UF Health Security and Confidentiality Agreement

The UF Health Security and Confidentiality Agreement is attached here for your convenience. You may also access the form online: <https://ufhealth.org/sites/default/files/media/community/Security-Confidentialty-Agreement.pdf>

- Be sure to check the box acknowledging that you have read the agreement and agree to the terms and conditions
 - Your Entity or Department is "College of Medicine"
- Send proof of completion to Denise Chichester:
- Save your UF Health Security and Confidentiality Agreement as a PDF document and send it by e-mail to denisef@ufl.edu
- OR
- Print your UF Health Security and Confidentiality Agreement and bring it to the Office of Educational Affairs, Suite 445, Harrell Medical Education Building

CHECKLIST

Please ensure that you have sent the following documents to Denise Chichester:

- HIPAA training diploma
- UF Confidentiality Statement
- UF Health Security and Confidentiality Agreement

Security and Confidentiality Agreement

UF Health* has a legal responsibility to safeguard the confidentiality and security of our patients' protected health information (PHI) as well as operational, proprietary, and employee information. This information may include, but is not limited to, patient health records, human resources, payroll, fiscal, research, and strategic planning and may exist in any form, including electronic, video, spoken, or written. This agreement applies to all members of the workforce, including but not limited to, employees, volunteers, students, physicians, and third parties, whether temporary or permanent, paid or not paid, visiting, or designated as associates, who are employed by, contracted to, or under the direct control of UF Health. This agreement also applies to users of UF Health information systems and the information systems contained therein, whether the user is affiliated with UF Health or not, and whether access to or use of information systems occurs locally or from remote locations. I hereby agree as follows:

- I acknowledge that UF Health has formally stated in policy its commitment to preserving the confidentiality and security of health information in any format. I understand that I am required, if I have access to such health information, to maintain its confidentiality and security.
- I understand that access to health information created, received, or maintained by UF Health or its affiliates is limited to those who have a valid business, medical, or professional need to know the information. I understand that UF Health has implemented administrative, technical, and physical safeguards to protect the confidentiality and security of PHI, and I agree not to bypass or disable these safeguards.
- I understand that I will be given a unique User ID and password to access electronic health, operational, proprietary, employee or other confidential information. I understand that my User ID and password are confidential, that I am responsible for safekeeping my password, that I am also responsible for any activity initiated by my User ID and password, and that in certain circumstances my User ID and password may be equivalent to my legal signature. If I suspect that my User ID or password has been compromised, I should immediately contact UF Health IT.
- I have no expectation of privacy when using UF Health information systems. UF Health shall have the right to record, audit, log, and/or monitor access to or use of its information systems that is attributed to my User ID. I agree to practice good workstation security measures on any computing device that uses or accesses a UF Health information system. Good security measures include, but are not limited to, maintaining physical security of electronic devices, never leaving a device unattended while in use, and adequately shielding the screen from unauthorized viewing by others.
- I understand that only encrypted and password protected devices may be used to transport PHI or other Restricted Data.
- I understand that smartphones and other mobile devices used to access UF Health information systems must be configured to encrypt any Restricted or Sensitive Data, including photographs and videos, in persistent storage. I understand that I may access and/or use UF Health confidential or Restricted Data only as necessary to perform my job-related duties and that I may disclose (i.e., share) confidential or Restricted Data only to authorized individuals with a need to know that information in connection with the performance of their job functions or professional duties.
 1. *Restricted Data*: Data in any format collected, developed, maintained, or managed by or on behalf of UF Health, or within the scope of UF Health's activities, that are subject to specific protections under federal or state law or regulations or under applicable contracts (e.g., medical records, Social Security numbers, credit card numbers, Florida driver licenses, and export controlled data).
 2. *Sensitive Data*: Data whose loss or unauthorized disclosure would impair the functions of UF Health, cause significant financial or reputational loss, or lead to likely legal liability (e.g., financial information, salary information, hospital policies, research work in progress, and copyrighted or trademarked material).
- I understand that upon termination of my employment / affiliation / association with UF Health, I will immediately return or destroy, as appropriate, any confidential or Restricted Data in my possession. I understand that my confidentiality obligations under this Agreement will continue after the termination of this Agreement and after termination of my employment or affiliation with UF Health.
- I agree to immediately report any known or suspected violation of the confidentiality or security of PHI of patients of UF Health to either UF Health IT or to the UF Health Privacy Office.
- I understand that violations of this Agreement may result in revocation of my user privileges and/or disciplinary action, up to and including termination, and that UF Health may seek any civil or criminal recourse and/or equitable relief.

By signing or by entering my name and other identifying information on this Agreement, I acknowledge that I have read this Agreement and agree to comply with all the terms and conditions stated above.

Print Name	Entity or Department	
Signature	Date	Badge # or UF ID #
E-mail		

*For purposes of this agreement, UF Health includes the University of Florida Board of Trustees for the benefit of the University of Florida College of Medicine, Shands Jacksonville Medical Center, Inc., and Shands Teaching Hospital & Clinics, Inc.