**RUSH UNIVERSITY MEDICAL CENTER**

**TRAINING PROGRAM APPLICANT ACKNOWLEDGEMENT**

**(“Acknowledgement”)**

*This Acknowledgement must be signed by all individuals visiting Rush University Medical Center (“RUMC”) as applicants to a RUMC Graduate Medical Education (“GME”) resident or fellowship training program.*

RUMC strives to comply with the Health Insurance Portability and Accountability Act (“HIPAA”) as well as applicable state law governing the access and disclosure of hospital and patient medical records. The undersigned applicant shall hold confidential and private all information pertaining to RUMC patients, RUMC patient records, and RUMC policies and procedures (“Confidential Information”).

“Confidential Information” includes but is not limited to: Any individually identifiable information in possession or derived from a provider of health care regarding a patient’s medical history, mental, or physical condition or treatment, as well as the patient’s and/or his family members’ records, test results, conversations, research records and financial information. Examples include, but are not limited to:

1. Physical, medical, and psychiatric records including electronic health records, paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
2. Visual observation of patients receiving medical care or accessing services; and
3. Verbal information provided by or about a patient.

**I understand and acknowledge that:**

1. I must wear a visitor badge while in clinical areas of RUMC. This badge will be provided by the program coordinator of the program to which I am applying.
2. I may visit clinical areas only when accompanied by a RUMC resident, faculty, or staff member of the training program to which I am applying.
3. I may be an observer only; I am not to touch or otherwise interact directly with patients.
4. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information I receive.
5. My obligation to safeguard patient confidentiality continues after I leave RUMC.
6. In the event I visit an operating room, I will comply with all operating room policies and procedures regarding attire and infection control, as well as obey any and all directions by the surgeon performing the surgical procedure, including but not limited to, leaving the operating room when requested.
7. I have received information on the Rush House Staff Agreement and Benefits.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_