Health Justice Project
Confidentiality Agreement

Loyola University of Chicago School of Law allows certain students to participate in the Health Justice Project, a medical-legal partnership with Erie Family Health Center. I understand that I have been authorized to participate in the Health Justice Project.

I further understand that in the course of my participation, I will likely encounter information protected by the attorney-client privilege ("privileged information") and information protected by the Health Insurance Portability and Accountability Act ("protected health information"). This privileged information and protected health information may come from a number of sources including, but not limited to, case files, written documents, electronic media, medical records, verbal interactions, and general observations.

I understand that all privileged information and protected health information I encounter is strictly confidential, and I agree that I am prohibited from disclosing or giving access to any privileged information or protected health information to anyone outside of the program. I agree not to discuss privileged information or protected health information with anyone other than my supervisor or others in the program. I also agree to access, use, and disclose only the minimum privileged or protected health information necessary to complete the objectives of the program. I understand that I must be accompanied by my supervisor at all times when conducting business at Erie Family Health Center unless I receive express permission from my supervisor to do otherwise. I will not speak with patients or access any confidential information or medical charts without the express approval of my supervisor or an attending physician at Erie Family Health Center.

Any breach of confidentiality under this Agreement may result in notification of misconduct to Loyola University Chicago School of Law and removal from the Health Justice Project with a failing grade.

I agree that I am bound by this Confidentiality Agree during and after my participation in the Health Justice Project.

By signing below, I certify that I will abide by the terms of this Confidentiality Agreement and applicable Health Justice Project and Erie Family Health Center policies and procedures to ensure appropriate confidentiality and security of privileged information and protected health information. I have read and understand the above and agree to be bound by it.

_______________________________________  _____________________
Signed  Date

_______________________________________
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