

**CONFIDENTIALITY ACKNOWLEDGEMENT  
RE: PROTECTED HEALTH/PROPRIETARY INFORMATION  
AND  
AGREEMENT RE: STUDENT CLINICAL EXPERIENCE AND  
RELEASE OF EDUCATION RECORDS**

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directed by appropriate staff at the clinical experience facility(s) and will only access information on a “need to know” basis. I further agree to abide by all policies of MSU and the facility(s) to which I am assigned. I understand that the confidential/proprietary information to which I am privy shall remain confidential after completion of the course(s). I understand that any disclosure by me of such confidential/proprietary information, at any time, whether orally, hard copy/paper or electronically, including removal of same, could subject me to substantial civil as well as criminal penalties imposed by law. I further acknowledge and fully understand that the disclosure by me of confidential/proprietary information to any unauthorized person is also a violation of Murray State University’s policy and could subject me to academic discipline and other disciplinary action by Murray State University. It is hereby acknowledged that my responsibility to maintain the confidentiality of such confidential/proprietary information shall apply to any facility in which I am placed for clinical training/instruction/observation during my tenure as a student at Murray State University regardless of whether or not said facility is specifically listed above.

I further agree that should confidential/proprietary information be disclosed by me in any manner or form or copies made or distributed (paper or electronic) by me in violation of this agreement, FERPA, or any rules or policies of MSU or the facility to which I am/have been assigned, HIPAA, or any other applicable

The MSU Counseling Program prohibits the unlawful or unauthorized access, use or disclosure of confidential information obtained during the course of student Practicum/Internship. As a condition of being a student, MSU Counseling students shall be required to sign the MSU Counseling Program Confidentiality Agreement. The MSU Counseling program provides education and training for each of its student members on the importance of maintaining confidentiality and the specific requirements of the ACA Code of Ethics, ASCA Code of Ethics and state and federal laws protecting the privacy of students and clients.

**Violation of Confidentiality Policy.**

Individuals shall not use, or disclose Confidential Information in violation of the law or contrary to MSU Counseling Program policies or Ethical Guidelines. Each individual Practicum/Internship student must maintain and protect against the unauthorized access, use or disclosure of Confidential Information. Any access, use or disclosure of Confidential Information in any form – verbal, written, audio/videotaped or electronic – which is inconsistent with or in violation of this Policy may result in disciplinary action, including but not limited to, immediate removal from the academic program.

All MSU Counseling Program Faculty and others subject to this Policy must report any known or suspected incidents to use or disclose Confidential Information in violation of this Policy or in violation of the law.

By signature below, I hereby acknowledge that I am 18 years of age or older and that I agree to the terms and obligations as set forth above.

\_\_\_\_\_  
Print Student's Name.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed