

**Compliance, Confidentiality and Conflict of Interest Agreement**  
**Allied Health Department | Mineral Area College**

I, the undersigned, hereby acknowledge my responsibility under applicable state and federal laws to understand and comply with field and clinical agency policies, including codes of conduct and privacy compliance (i.e. Health Insurance Portability and Accountability Act of 1996) and any other applicable policies or procedure. I understand that my failure to comply with the policies may result in my dismissal from the agency as well as the nursing program at Mineral Area College. I understand that I should raise my compliance concerns with either my instructor or facility supervisor. I agree to keep confidential any information regarding the facility, the facility's patients, as well as all confidential patient information, including any electronic protected health information to which I may have access.

I also agree to conduct my field and clinical experiences so as to avoid or minimize conflicts of interest when possible. I will respond appropriately and professionally when conflicts of interest arise. Conflict of interest describes a situation in which the student is or appears to be at risk of acting in a biased way because of personal interest, knowledge or association. I acknowledge that a Conflict of Interest exists if I am employed at a facility where I am participating in clinical rotation, or if I personally know or am related to a patient I'm assigned to care for. When possible without risk to the patient, I will handoff care to a qualified colleague of persons I am related to or know personally. If I am in a situation that necessitates providing care to someone I am related to or know personally, I will inform my instructor or supervisor of the case.

Furthermore, I grant permission to Mineral Area College to collaborate with field and clinical agencies as well as state and federal entities in the investigation and resolution of any incident of concern by providing pertinent information from my student file.

MAC Student ID: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

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

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