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**DONGGUK UNIVERSITY LOS ANGELES  
CONFIDENTIALITY AGREEMENT  
(Health Insurance Portability and Accountability Act of 1996)**

**PURPOSE:**

To ensure that personal health information is protected so that individuals are not afraid to seek health care or to disclose sensitive information to DONGGUK UNIVERSITY LOS ANGELES. To also ensure that personal health information is protected during its collection, use, disclosure, storage and destruction within DONGGUK UNIVERSITY LOS ANGELES.

**CONTENT:**

1. ALL DONGGUK UNIVSERCITY LOS ANGLELES employees and persons associated with DONGGUK UNIVERSITY LOS ANGELES, including students, student employees, and interns(students enrolled in, volunteering for, or being paid to perform services in Clinical Internship Level I, Level II, or Level III) are responsible for protecting the security of all personal health information(oral or recorded in any form) that is obtained, handled, learned, heard or viewed in the course of their work or association with DONGGUK UNIVERSITY LOS ANGELES.
2. Personal health information shall be protected during its collection, use, storage and destruction within DONGGUK UNIVERSITY LOS ANGELES.
3. Use or disclosure of personal health information is acceptable only in the discharge of one's responsibilities and duties (including reporting duties imposed by legislation) and based on the need to know. Discussion regarding personal health information should not take place in the presence of persons not entitled to such information or in public places (elevators, cafeteria, off premises, etc.)
4. Unauthorized use or disclosure of confidential information will result in a disciplinary response up to and including termination of employment or contract.
5. All DONGGUK UNIVERSITY LOS ANGELES students, employees, volunteers, and others who, as a condition of being student, employees, volunteers, or others associated with DONGGUK UNIVERSITY LOS ANGELES, may have access to Protected Personal Health Information, are required to sign some substantially similar version of this document.

**PLEDGE:**

I have read and understood DONGGUK UNIVERSITY LOS ANGELES'S policy on "Confidentiality of Protected Personal Health Information Policy" in accordance with HIPAA. Then I hereby agree to modify with no return consideration, my original DONGGUK UNIVERSITY LOS ANGELES ENROLLMENT AGREEMENT, based on the doctrine of intervening Act of Law, to with the passage of the Federal Health Insurance Portability and Accountability Act of 1996(HIPAA), amend to with in consideration of being able to participate in clinical internship, or otherwise have access to Protected Personal Health Information at DONGGUK UNIVERSITY LOS ANGELES ORIENTAL MEDICAL CENTER following the passage of HIPAA, and an integral part of the terms and conditions of my employment or association, I hereby agree that I will not at any time during my participation in Clinical Internship, or as a student employee, or as on-clinical internship student of DONGGUK UNIVERSITY LOS ANGELES, or as a volunteer in clinical internship, or associated in any other way with the DONGGUK UNIVERSITY LOS ANGELES ORIENTAL MEDICAL CENTER, and even after my participation in Clinical Internship or other association ends, access or use personal health information or reveal or disclose to any persons within or outside DONGGUK UNIVERSITY LOS ANGELES, any health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation. I also understand that unauthorized use or disclosure of such information will result in disciplinary action up to and including EXCLUSION and imposition of fines pursuant to applicable state and federal laws.

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Print Name of D.U.L.A. Student

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Student's D.U.L.A. Student I.D. #

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Signature of Student

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Date