

**COUNSELOR EDUCATION PROGRAM  
STATE UNIVERSITY OF NEW YORK AT NEW PALTZ  
NEW PALTZ, NEW YORK 12561**

**CONFIDENTIALITY AGREEMENT**

I understand that the Counselor Education Program at SUNY New Paltz has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that while working at my practicum and internship placements during the course of my affiliation with the SUNY New Paltz Counselor Education Program, I may see or hear other confidential information such as financial data and operational information that I will be obligated to maintain as confidential.

As a condition of my affiliation with SUNY New Paltz's Counselor Education Program, I understand that I must sign and comply with this agreement. By signing this document I understand and agree that: I will disclose Patient Information and/or Confidential Information only if such disclosure complies with SUNY New Paltz Counselor Education Program policies, and is required for the performance of my affiliation.

My personal access code(s), user ID(s), access key(s) and password(s) used to access computer systems or other equipment are to be kept confidential at all times.

I will not access or view any information other than what is required to perform my duties. If I have any question about whether access to certain information is required for me to perform my duties, I will immediately ask my Practicum/Internship Coordinator for clarification.

I will not discuss any information pertaining to clients in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any clinical information in public areas even if specifics such as a patient's name are not used.

I will not make inquiries about any clinical information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purgings of documents containing client information or other confidential information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Case Reports from SUNY New Paltz's Counselor Education computer system to unauthorized locations (for instance, home or personal phone/computer).

Upon termination of my affiliation with SUNY New Paltz Counselor Education Program, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to SUNY New Paltz.

I agree that my obligations under this agreement regarding Patient Information will continue after the termination of my affiliation with SUNY New Paltz Counselor Education Program.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my affiliation with SUNY New Paltz Counselor Education Program and/or suspension, restriction or loss of privileges, in accordance with SUNY New Paltz Counselor Education Program's policies, as well as potential personal civil and criminal legal penalties.

I understand that any Confidential Information or Patient Information that I access or view as part of my training at SUNY New Paltz Counselor Education Program does not belong to me.

I have read the above agreement and agree to comply with all its terms as a condition of continuing affiliation.

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Signature of faculty member/student

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

Your Name Printed: \_\_\_\_\_