



# The Institute for Accelerated RN Success, Inc.

## **RN REMEDIATION/REFRESHER COURSE**

### **CLINICAL STATEMENT OF ACKNOWLEDGEMENT**

#### **Confidentiality:**

This is to certify that I: (Student Named below) Have read the HIPPA Training Handbook and that I have viewed the Video, " Keep It To Yourself". I understand the confidentiality and privacy issues involved in client care and personal client health data information sharing. As a health care professional, **I am fully aware of my responsibility involving patient confidentiality and privacy.**

#### **Release of Information:**

I do hereby give The Institute for Accelerated RN Success permission to release my personal information and private health information to healthcare facility in order to secure required clinical rotation hours.

Name (Print)\_\_\_\_\_

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

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