



## UCSU Student Health Board Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City St Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_  
Name City St

Years Attended: \_\_\_\_\_ - \_\_\_\_\_

College Major: \_\_\_\_\_

Year: FR SO JR SR 5th Yr GR Other \_\_\_\_\_

GPA: \_\_\_\_\_ (if freshman, please provide high school GPA)

*Why do you want to be a part of the UCSU Student Health Board?*

---

---

---

---

---

*What qualities do you feel you would bring to the board?*

---

---

---

---

*What other activities are you involved in?*

---

---

---

---

---

---

*What are your future plans?*

---

---

---

---

---

---

*What are three words you would use to describe yourself, and why?*

---

---

---

---

---

---

*Tell us an interesting talent you possess or a fact about yourself.*

---

---

---

Please return this application and the attached confidentiality agreement to Wardenburg Health Center. The confidentiality agreement must be completed in the presence of a Wardenburg employee or Student Health Board member to obtain a witness signature.

Student Health Board Office – room 335  
Wardenburg Administration – room 326

Wardenburg Health Center

**CONFIDENTIALITY AGREEMENT**

Wardenburg Health Center (WHC) employees are entrusted with a significant amount of patient-related information including health records, financial records and patient identity including demographics and other sensitive information. Patient confidentiality must never be violated. All WHC employees will ensure the confidential treatment of all health, financial and personnel records, in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) and state of Colorado law. All WHC employees, volunteers, work-study students, and temporary staff are employed with the understanding that they are to diligently support the WHC *Confidentiality Agreement*.

All patient information, whether spoken, written or electronic, is confidential. This includes the health information of WHC staff members. Patient information and/or the identity of any patient should never be discussed in any public areas where such discussion might be overheard by others. Health, financial and/or personnel records should never be taken into common areas such as restrooms, employee lounges, waiting areas, mail room areas, etc. Paper documents containing protected health information must be discarded in specified containers for shredding. Inquiries received by a WHC employee concerning a patient's condition or any other information related to a patient must be referred to the Release of Information office or Manager of the Health Information Services Department.

All patient health records are the property of WHC. WHC has the responsibility to preserve and maintain these records in order to serve patients and assist health care providers in accordance with accreditation and regulatory agency requirements. Original health records, regardless of format, may not be taken outside the WHC facility unless in the custody of an authorized agent of WHC in response to a valid subpoena.

Financial and personnel information is confidential and is available only to authorized users on a role-based, need-to-know basis in accordance with their predetermined scope of responsibility.

An employee's/volunteer's failure to respect patient confidentiality is a violation of state and federal law as well as WHC policy and will result in disciplinary action, which may include written warning, additional HIPAA training, job reassignment, suspension, or termination. If the breach of confidentiality is by a student, it will result in referral to the University of Colorado at Boulder (UCB) Office of Judicial Affairs, which may result in immediate dismissal from UCB.

---

I have read the *Confidentiality Agreement* and agree to support and uphold the confidentiality of all patient information, the identification of patients, and the contents of financial and personnel records at WHC.

---

Employee/Volunteer Name (**please print**)

---

Employee/Volunteer Signature

---

Date

---

Witness Signature

---

Date