

**OUHSC College of Nursing STUDENT AGREEMENT**  
**Encryption of Portable Devices and Protection of PHI at Course End**

**The University of Oklahoma currently requires that all portable devices used for University business (class notes, email, etc.) be encrypted by OU IT. You are being exempted from the University's portable device encryption requirement because the College of Nursing has represented that you are taking a single class in which you will not have access to protected health information (PHI). Based on that representation and your agreement to the terms below, you are being granted an exemption from the requirement that your laptop be encrypted. All other devices used for university business must be encrypted.**

I \_\_\_\_\_ (name) agree that:

1. During my enrollment in the College of Nursing, I agree that I will not access any Protected Health Information (PHI) for any University Business, including but not limited to checking email, taking patient or class notes or storing PHI on any unencrypted portable device. I understand that these devices include but are not limited to laptops, tablets, flash drives, and external drives.
2. I will not connect or attempt to connect any unencrypted device to any server, network, or electronic medical record or billing system (EMR) at the University or any facility where I rotate or train as part of my University course.
3. When I complete or withdraw from the course, I understand and agree that I may not take any PHI with me in any form or format, such as paper, electronic, film, or photograph, and I may not access any such PHI after my last date of enrollment in the course. I will return, destroy, or permanently delete, as appropriate, all PHI in my possession prior to my last date of enrollment in the course. This includes PHI of patients, clients, and research participants that is in my possession or under my control. If I need assistance, I will contact the College of Nursing Office of Student Affairs or the IT Service Desk.
4. I understand that
  - maintaining PHI on any unencrypted portable device, and
  - taking PHI with me or accessing it after I complete or withdraw from the courseare violations of HIPAA and University policy and I may be subject to sanctions under the University and College of Nursing policies. Any breach of confidentiality or misuse of PHI on my part may result in disciplinary action, legal action, or fines assessed by the Office for Civil Rights.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_