

**Saint Luke's Health System Clinical Pastoral Education
Association for Clinical Pastoral Education, Inc.
Annual Notice of Privacy Rights
For CPE Students**

This letter accompanies an initial offer letter to enroll in a unit of CPE at Saint Luke's Hospital, or one of its affiliate institutions with formal placement agreement. Thereafter, this letter serves as an Annual Notice to current or former students regarding the privacy of their personal information maintained at the CPE center. Students own the information about them and must know what is being collected and how it is being used. Student information cannot be shared without their written permission.

The **Student Record** is defined as 1) any record (paper, electronic, video, audio, biometric, etc.) directly related to the student from which the student's identity can be recognized; and 2) maintained by the education program/institution or a person acting for the institution.

- Your application materials are considered part of the student record and cannot be shared with anyone without legitimate educational interest to do so. Permission will be requested to share this information, when necessary.
- The use, retention and destruction of application materials are prescribed in the CPE policies and procedures of this center.

Directory Information:

Directory Information is student information not generally considered harmful or an invasion of privacy if released. It includes:

- Name
- Address
- Telephone/E-Mail
- Date of Birth
- Religion
- Previous Education
- Photograph (optional)

This information may be released without specific consent unless the student "opts out." All other information can be released only with the student's written, signed and dated consent specifying, which records are being disclosed, to whom, and for what limited purpose. Current students can restrict directory information and/or record access at any time during a unit, as long as this restriction does not breach institutional policy and procedure. Such restrictions must be honored even after the student's departure. Former students cannot initiate new restrictions on student information after departure.

Directory information is sent to the national ACPE office following the successful completion of a CPE unit on the Student Unit Report. Restrictions, if applied to directory information, may impact the proper registration of student units with the national office.

Saint Luke's Health System CPE Program guarantees students the right to inspect and review their educational records within 45 days of such a request, to seek to amend them, to specified control over release of record information, and to file a complaint against the program for alleged violations of these privacy rights.

- This center maintains a policy and procedure for maintaining student records that is reviewed by all students during orientation.
- A student has the right to object to record content. If not negotiable, the written objection will be kept with and released with the record. Grades are exempt from this right.
- Student records within the center may be released to persons with legitimate educational interests for purposes of interviews, consultations and for the education and training of ACPE Supervisory Education Students, if applicable.
- Student information related to health records will be kept in a separate locked file from student records. Their use and release are also subject to ADA and HIPPA regulations and state laws.

Exceptions:

Certain exceptions concerning the release of information exists to protect the health and safety of the students and others, and for the purpose of accreditation or complaint review, or as required by legal processes. Before releasing student records or materials in any of these circumstances, consultation will be sought with the ACPE Executive Director.

My signature below acknowledges receipt of this information prior to acceptance into this unit of CPE, or before granting permission for releasing student records from the center where a CPE unit was completed.

Name: _____

Signature: _____

Date: _____

I may be contacted at (phone/e-mail):
