

ATTACHMENT A TO POLICY 07-02-01.4

University Visitor Confidentiality Agreement

Visitor Name: _____ Visit Date: _____
(Print Name)

Visit Location and Purpose:

I understand that I will be taking a tour and/or be provided with a demonstration at the University facility mentioned above. I understand that through the course of this tour or demonstration, I may come into contact with patient or individual information that is protected under federal privacy laws (PHI). I understand that this information is confidential information for which the University is obligated under both federal and state law to keep confidential. I further understand that if I encounter PHI through the course of my tour or demonstration, it is solely for the purpose of demonstrating concepts or principles, and not for the purpose of disclosing the patient's information, condition, diagnosis or treatment.

I agree that I will otherwise not attempt to view any PHI. I also agree that I will not copy, or otherwise remove any PHI from the facility. Additionally, I agree that I will not disclose any PHI that I may come into contact with.

Signed: _____ Date: _____