

The University of Vermont Medical Center
111 Colchester Avenue
Burlington, VT. 05401

Non-Employee Confidentiality Agreement

PLEASE PRINT

First Name: _____ **Last Name:** _____

Phone: () _____ **Email:** _____

Business/Organization Name: _____

The University of Vermont Medical Center Department Contact: _____

Start Date: _____ **End Date:** _____

Please read this section carefully before signing.

PLEDGE OF CONFIDENTIALITY

I understand that I may have access to confidential information about patients and family members.

I understand that all patients have a right to privacy and confidentiality. I understand that a patient's right to privacy and confidentiality is protected under state and federal law.

I understand that I should only access and disclose the confidential information required to fulfill my contract responsibilities.

I agree that I will not:

- Reveal the names or identities of patients or family members.
- Repeat statements or communications made by or about a patient or family member.
- Reveal any information that I may learn about a patient or family member as a result of my role here.

Should I be granted computer access, I understand that I am required to comply with the University of Vermont Medical Center policies and procedures concerning computer access and use and that I have completed the mandatory education requirements prior to beginning my assignment.

I understand and accept that my access to computerized and manually generated the University of Vermont Medical Center data will be restricted and monitored. I will not access, review, change and/or copy any Records that are not directly related to my duties and obligations at the University of Vermont Medical Center.

I understand that electronic mail is not a secure system. Any electronic mail that I send will not contain information that could identify, directly or indirectly, any patient, personnel or financial information without being reasonably protected with a password and/or encryption.

I understand that sharing my system password with, or allowing my account to be used by another person is prohibited and I agree to report any suspected breaches of the University of Vermont Medical Center Comprehensive Confidentiality Policy to the University of Vermont Medical Center Information Services Security Office at 847-8291 or IS-Security@uvmhealth.org

I have read this statement and understand my obligation to maintain patient confidentiality. I agree to honor that obligation. I understand that if I fail to honor my obligation to maintain patient confidentiality that I may be dismissed from my contract with the University of Vermont Medical Center.

Signature

Date