

17-9514 Participant Confidentiality and Security Agreement

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**CAMC Health System Office of Learner Affairs Privacy Form
TOUR OR VISIT PARTICIPANT CONFIDENTIALITY AND SECURITY AGREEMENT**

Tour or Visit: _____

Scheduled Date(s): _____

Purpose: _____

Tour or Visit Sponsor: _____

As a participant in a tour or visit to CAMC facilities, I understand that I may have incidental access to confidential information including patient, financial or business information. I understand that the purpose of this Agreement is to help me understand my personal obligation regarding confidential information. Confidential information regardless of media is valuable and sensitive and is protected by law and by strict Company policies. I understand that I have no need or right to have access to this information.

Accordingly, as a condition of and in consideration of my potential access to confidential information, I promise the following:

1. I will not access confidential information.
2. I will not in any way divulge, copy, release, sell, loan, review, gossip or speak in idle talk, alter, or destroy any confidential information.
3. I will not utilize or access any system.
4. I will not seek personal benefit or permit others to benefit personally by any confidential information that I may access.
5. I will not discuss any information regarding individual patients.
6. I agree to abide by all restrictions and rules imposed by the tour or visit organizers.
7. I understand that my failure to comply with this Agreement may result in action, which might include, but is not limited to, termination of the current tour or visit and a prohibition on future tours or visits, and legal action.

By signing this agreement, I acknowledge that I have read and understand the above terms and conditions and agree to be bound by them as a condition of my participation in the tour or visit.

Signature
(Parent Signature if minor 16-17 years of age)

Date

Printed Name