



CONFIDENTIALITY AGREEMENT

I, _____, understand and acknowledge that I may receive or have access to patient health information that is confidential and protected from disclosure under federal and state privacy laws, including the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule. I agree that I will not discuss nor release any protected health information of patients to any unauthorized person except as required to comply with law or regulation. I will use protected health care information only as it relates to my job duties or the purposes for which the protected health information has been disclosed to me unless disclosure is required to comply with law or regulation.

I understand that violation of this Confidentiality Agreement (“the Agreement”) is grounds for immediate termination of my relationship with the University of New Mexico Health Sciences Center (“HSC”) and could constitute a violation of federal and/or state privacy laws and subject me to fines, penalties and other actions under those federal and state privacy laws. I understand that this Agreement does not stop me from reporting breaches of confidentiality that I observe to the United States Department of Health and Human Services.

I agree to adhere to any requirements by the HSC that pertain to maintaining patient confidentiality and the confidentiality of all patient information I may access in the course of my relationship with the University of New Mexico Health Sciences Center. I further agree to abide by the confidentiality terms of this Agreement even after termination of my association with the HSC.

Signed: _____

Printed Name: _____

Date: _____