

**PURDUE UNIVERSITY
CONFIDENTIALITY AGREEMENT**

Certain members of Purdue University’s workforce may encounter health information protected by the Health Insurance Portability and Accountability Act of 1996 through various sources including, but not limited to, interoffice communications, data or software maintenance, electronic media, verbal interactions, health plan claims or medical records. Workforce members with access to such information shall not discuss, disclose, or give access to confidential health information except as needed to perform essential job functions or to those having a legal right to such information. They must further agree to access, use and disclose only the limited data set or if not sufficient, the minimum protected health information necessary to perform their job functions and to follow the University policies and procedures that address the technical, physical and administrative safeguarding and security of protected health information. Any breach of confidentiality in violation of University policies, professional standards or state and federal laws and regulations governing protected health information, may result in applicable sanctions and/or university disciplinary action against the responsible individual.

By signing below, I certify that I have received and reviewed training concerning the HIPAA Privacy and Security Regulations and that I will abide by the Purdue policies and procedures to ensure appropriate confidentiality and security of the health information that I encounter to do my job.

Signed: _____ Date: _____

Printed: _____

Department: _____