Purdue University
Inadvertent Disclosure
Confidentiality Agreement

I inadvertently received or accessed information protected by the Health Insurance Portability and Accountability Act of 1996. I understand that this information is confidential and I shall not discuss, disclose, or give access to the confidential health information, except to return or destroy the information, in the manner requested by Purdue.

______________________________  ________________
Signed                                                        Date

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Printed

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Entity

** Please ask each person who has accessed the information referred to in this agreement to sign a copy of this agreement. Please return the agreement to:  HIPAA Privacy Officer, 601 Stadium Mall Dr., West Lafayette, IN 47907-2052, FAX 765 496-1227, Phone 765 496-1927. Thank you.