



NON-EMPLOYEE CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

This Confidentiality and Nondisclosure Agreement (the "**Agreement**") is made by the individual whose name and address is set forth below ("**Visitor**"). This Agreement applies to any information obtained by Visitor while at the University of Utah Health ("UUH"), including the Hospitals and Clinics.

- As used in this Agreement, "**Confidential Information**" includes, but is not limited to: (a) hospital medical records; (b) clinic medical records; (c) physician's private patient records; (d) medical records received from other health care providers; (e) correspondence addressed to or from workforce members of the UUH concerning a specific, identifiable patient; (f) patient information verbally given to me by the patient or other persons; (g) diagnoses; (h) assessments; (i) medical histories; (j) operative reports; (k) discharge summaries; (l) nursing notes; (m) medications; (n) treatment plans; (o) follow-up care plans; (p) requests for and results of consultations; (q) results of laboratory, radiologic, or other medical tests; (r) demographic data; (s) financial/funding information; and (t) all other types and categories of information to which I know or have reason to know the UUH intends or expects confidentiality to be maintained in any form - written, verbal, electronic, or printed.
- Confidential Information.** Visitor shall hold all Confidential Information in confidence, and shall not disclose any Confidential Information to any other party or person (except an authorized UUH employee with a "need to know") at any time, whether during or after the visit to UUH.
- Need to Know.** The individual accessing University of Utah Hospitals and Clinics (UUHC) information shall access only the information for which they are authorized. The individual understands that accessing unauthorized information may subject to them to the Utah Computer Crimes Act. This Act makes unauthorized access a criminal offense and requires UUH to report the unauthorized access to law enforcement for potential prosecution.

Signature of Visitor

Date

Visitor's Printed Name

Visitor's Address, Position and Affiliation (if visiting in an official, professional, or business capacity):

Signature must be verified by UUH staff or must be notarized. When complete, place in patient's medical record.

Signature of UUH Staff Member

Printed Name and Employee ID#

Date

SUBSCRIBED AND SWORN before me this ____ day of _____, 20____.

NOTARY PUBLIC

Residing in _____

My Commission expires: _____