

OUTGOING TRAINEE CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement (“Agreement”) is effective this ____ day of _____, 20 __, by and between the _____ (“Facility”) and _____, (“Affiliate”), a ___trainee ___faculty member at the University of Oklahoma Health Sciences Center (“OUHSC”).

Affiliate acknowledges that as a result of the clinical and related educational activities he or she will undertake at or through Facility, Affiliate may have access to confidential information, including patient identities and health information. Affiliate shall hold confidential all identifiable patient and Facility information obtained as a participant in these activities and will not disclose any personal, medical, financial, or related information to third parties, including family members, students, faculty members, or other health care providers without prior written approval of the supervisor or course coordinator. Affiliate is committed to protecting from any disclosure, whether written or oral, any and all confidential information that Affiliate may come into contact with. Affiliate may not view, copy, or remove from the premises patient schedules, procedure schedules, patient medical records, or similar documents, except as permitted under this Agreement and any related affiliation agreements. Affiliate may not use any confidential information in presentations, reports, social media, or publications of any kind without prior written approval of the supervisor or course coordinator.

Affiliate will not bring to Facility the confidential information of OUHSC or store such in or on Facility property without prior written approval of the supervisor or course coordinator.

Affiliate will not use or disclose patient information in a manner that would violate the applicable requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Affiliate acknowledges that any breach of confidentiality or misuse of confidential information may result in termination of Affiliate's participation hereunder and in other actions deemed necessary by Facility. Unauthorized disclosure may cause irreparable injury to the owner of the information.

I have read these terms and I understand and agree to abide by them. I also understand I may have additional obligations or limitations under the related Affiliation Agreement between OUHSC and Facility.

Affiliate Printed Name

Affiliate Signature

Date