

Policy CS 30: Visitor Confidentiality Agreement

SECTION I:

Visitor Name: _____

Visit Location: _____

School/Department/Unit: _____

Visit Sponsor (cannot be student or temp. employee): _____

Date(s): _____

Visit Purpose: _____

SECTION II:

University of Pittsburgh policies and the Health Insurance Portability and Accountability Act (HIPAA) work to protect health information and data of individuals. HIPAA is a federal law that outlines what information is protected, how that information can be used or shared, and provides patients with certain rights regarding their information. Information that can be linked back to an individual patient regarding their medical history, mental or physical condition, treatment, test results, conversations, research records, financial or billing information and/or their family member's records is considered protected health information (PHI). **Even the fact that an individual has received care at a University of Pittsburgh facility is protected by HIPAA.**

As a visitor to a University of Pittsburgh facility, you are expected to comply with applicable University policies and laws. Simply by being in the facility, you may encounter confidential patient information. Information that you encounter must be kept confidential. By signing below, you are agreeing to the following:

- I understand that during this visit (or subsequent related visits) I may encounter patient or individual protected health information (PHI).
- I understand that this information is confidential, and that the University is obligated under both federal and state laws to keep this information confidential.
- I understand that any PHI I may encounter through the course of my visit is solely for the purpose of demonstrating concepts, principles, and other educational benefits during my visit.
- I will not otherwise attempt to view, copy, or remote PHI during my visit.
- I will not use or disclose any PHI I may come into contact with or that I may overhear to any other party directly or indirectly. I understand that I am agreeing to keep any PHI that I encounter strictly confidential.

Signature _____

Date: _____

