

**CONFIDENTIALITY AGREEMENT FOR WORKFORCE MEMBERS WHO ARE
CONSULTANTS, CONTRACTORS OR VENDORS**

I understand that I require information to perform my duties at the Johns Hopkins University or Johns Hopkins Health System entity by which I am engaged or for which I am performing services ("Johns Hopkins"). This information may include, but is not limited to, information on patients, employees, students, other workforce members, donors, research, and financial and business operations. Some of this information is made confidential by law (such as "protected health information" or "PHI" under the federal Health Insurance Portability and Accountability Act) or by Johns Hopkins policies. Confidential information may be in any form, e.g., written, electronic, oral, overheard or observed. I also understand that access to all confidential information is granted on a need-to-know basis. A need-to-know is defined as information access that is required in order to perform my work.

I will not disclose confidential information to patients, friends, relatives, co-workers or anyone else except as permitted by Johns Hopkins policies and applicable law and as required to perform my work as a consultant, contractor or vendor for Johns Hopkins.

I will protect the confidentiality of all confidential information, including PHI, while at Johns Hopkins and after I leave Johns Hopkins. All confidential information remains the property of Johns Hopkins and may not be removed or kept by me when I leave Johns Hopkins except as permitted by Johns Hopkins policies or specific agreements or arrangements applicable to my work as a consultant, contractor or vendor for Johns Hopkins.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of Johns Hopkins. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above and agree to be bound by it.

Name: _____ Company: _____

Signature: _____ Date: _____

Johns Hopkins Dept/School for which providing services: _____

The original signed copy of this Agreement should be retained in the office of the primary Johns Hopkins unit engaging such persons.

Copy to consultant, contractor or vendor.

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