

CONFIDENTIALITY AGREEMENT

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 employed or for which I am volunteering ("Johns Hopkins"). This information may include, but is not limited to, information on patients, employees, plan members, 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 or volunteer duties. If my duties change, my need-to-know also may change.

I agree to review the applicable Notice of Privacy Practices and the Johns Hopkins policies on confidentiality and privacy, including any policies that are specific to the entity and department in which I conduct my activities. I understand that these will be provided to me by my manager. I will access, use and disclose confidential information in keeping with these policies and only on a need-to-know basis. Before I make any other use or disclosure of confidential information, I will contact my supervisor or manager (if applicable) in order to obtain proper permission. If I have no manager or I am the manager, I will seek advice from the Health System or University Legal Counsel or the Johns Hopkins Privacy Officer to assure that the use or disclosure is within the law and Johns Hopkins policies.

I will not disclose confidential information to other patients, other plan members, friends, relatives, co-workers or anyone else except as permitted by Johns Hopkins policies and applicable law and as required to perform my work or volunteer duties.

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 situation.

If I violate this agreement: if I am an employee, I may be subject to disciplinary action, up to and including discharge, under applicable human resources policies; if I am a volunteer, I may be subject to termination of my right to volunteer, under applicable program policies. 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. I understand that signing this agreement and complying with its terms is a requirement for me to work or volunteer at Johns Hopkins.

Name (print): _____ Phone: _____

Signature: _____ Date: _____

Johns Hopkins Entity/Dept/School: _____

SS# (last 5 digits): _____ Johns Hopkins Badge # _____

Use of Confidential Information at Johns Hopkins

It is important that the entire Johns Hopkins Health System and Johns Hopkins University community share a culture of respect for confidential information. To that end, if you observe access to or sharing of confidential information that is or appears to be unauthorized or inappropriate, please try to make sure that this use or disclosure does not continue. This might include advising the person involved that they may want to check the appropriateness of the use or disclosure with the Johns Hopkins Privacy Officer or the Health System or University Legal Counsel. It may also involve letting your manager (if applicable) or others in authority at the Health System or the University know about the issue or possible issue. Use of the Compliance Hotline (telephone #: 1-877-932-6675) allows this to be done anonymously, if need be.

**CONFIDENTIALITY AGREEMENT AND HIPPA TRAINING CERTIFICATION FOR
CONTRACTED WORKERS AND VISITING STUDENTS**

I understand that I may come in contact with or require information to perform my duties or continue my studies at the Johns Hopkins University or Johns Hopkins Health System entity by which I am engaged or through which I am participating in my academic program (“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 (collectively referred to as “Confidential Information”). 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.

By signing below, I agree to the following:

- 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 Johns Hopkins-related duties or studies.
- I will not post or discuss Confidential Information, including pictures and/or videos on my personal social media sites (e.g. Facebook, Twitter, etc.). Likewise, I will not post or discuss Confidential Information on Johns Hopkins-sponsored social media sites without appropriate approval in accordance with established Johns Hopkins policies and procedures.
- I will not access, maintain or transmit Confidential Information on any unencrypted portable electronic devices (e.g. Blackberries, Androids, iPhones, iPads, etc.) and agree to use such devices in accordance with Johns Hopkins policies only.
- I will protect the confidentiality of all Confidential Information, including PHI and electronic 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 situation.

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 or termination of my participation in any educational programs at Johns Hopkins. In addition, under applicable law, I may be subject to criminal or civil penalties.

By signing below, I certify that I have received basic HIPPA privacy and security training and have read and understand the above and agree to be bound by it.

Name: _____ **Company:** _____

Signature: _____ **Date:** _____