

University of Maryland, School of Dentistry

Confidentiality Statement

In consideration of the University of Maryland, School of Dentistry agreeing to provide certain confidential information to _____ Company and its employees, _____ Company and each employee provided with confidential information agree to abide by the terms of this statement.

A. Patient care information, whether in written, unwritten, or electronic computer system form, may be accessed only by University of Maryland, School of Dentistry employees or contracted personnel who need that information to perform their job or contractual responsibilities. Patient care information may only be released to individuals outside the School of Dentistry by authorized University of Maryland, School of Dentistry employees.

B. I understand that this information belongs to the patient and I am only the caretaker and must guard the information appropriately. This includes, but is not limited to, keeping patient information secure, private, and out of public viewing, protecting computerized data by logging off when leaving a work station, and keeping information secure by not discussing patient specific issues in public areas such as elevators, etc.

C. Contracted personnel may only access data necessary to perform their contracted responsibilities. Contracted personnel agree not to disclose, communicate, or use any patient care information in any manner whatsoever other than in the provision of contracted services and, even within the scope of those services, must limit dissemination to those who have signed confidentiality agreements and have a need to know.

D. Contracted personnel agree not to copy or download this confidential information. If for some reason confidential information must be copied, the contracted personnel must obtain permission from University of Maryland, School of Dentistry employee and must return such information to University of Maryland, School of Dentistry immediately after completion of that particular activity.

E. The confidentiality of this information survives the termination of your contracted personnel status.

F. Contracted personnel agree to comply with all state and federal laws applicable to the use of this confidential patient information. My signature attests to the fact that I have read, understand and agree to abide by the terms of this statement and the University of Maryland, School of Dentistry's policies on confidentiality of patient care information.

Name: _____

Contracting Company: _____

Signature: _____

Date: _____