

TEMPORARY STAFF CONFIDENTIALITY AGREEMENT

This form is intended to serve as a sample for Michigan attorneys assisting clients with forms for HIPAA compliance. Under HIPAA preemption standards a HIPAA form is not intended to replace a current form being used in compliance with applicable Michigan law. Use of the sample HIPAA forms will require integration of the HIPAA sample form with existing forms currently in use. The attorney also may wish to consult the HIPAA Matrix to determine if any preemption issue under Michigan law needs to be addressed in the form. This form is for educational purposes only and does not constitute, and may not be relied upon, as legal advice.

Please read this Agreement carefully and ask questions if you need clarification

CONFIDENTIALITY AGREEMENT

I have been asked to assist in working with sensitive documents of _____ Hospital (“Hospital”). I understand that this is a position requiring confidentiality and that I am being trusted not to talk about, disclose or misuse this information.

I agree that any documents or information that I see or hear must be kept strictly confidential.

I will not describe, discuss, talk about or keep copies of any of the information, materials or documents that I see, hear about or work on in connection with the process. I will not misuse or attempt to alter any of these materials in any way.

I understand that if I do something wrong with respect to confidential information I will not be allowed on the premises of Hospital and may be subject to fines or other penalties.

I have read and understand what I am required to do.

Signature: _____ Date: _____

Print Name: _____

Agency _____