

**PATIENT INFORMATION CONFIDENTIALITY AGREEMENT**

I recognize that, in the course of my duties as an investigator or agent of an investigator at Montefiore Medical Center (MMC), Albert Einstein College of Medicine (AECOM), Yeshiva University (YU) or the North Bronx Healthcare Network (NBHN), I may gain access to MMC, AECOM, YU and/or NBHN patient information, which is required by law to be kept confidential and which may be disclosed only under limited conditions. I agree that:

1. I will keep confidential all patient information to which I gain access.
2. I will access and use patient information only in connection with a research protocol that has received IRB/CCI approval.
3. I will not redisclose patient information except to the extent required by applicable laws, including but not limited to federal laws governing drug and alcohol treatment programs and state laws governing HIV information.
4. I will not discuss patient information in public places or outside of work.
5. I will access information only concerning patients for whom IRB/CCI approval has been given, and will not access information for other patients of Montefiore.
6. I will take all necessary precautions to ensure that the access and handling of patient information are conducted in ways that protect patient confidentiality to the greatest degree possible. This includes maintaining such information in a locked file cabinet.
7. Unless there is written consent from the patient/guardian, if, in the course of my review of patient information, I recognize the patient outside the scope of my practice (for example, if the patient is my acquaintance or neighbor), I will immediately stop reviewing the information and return the chart or, in the case of electronic records, close the applicable file. I will not record any information, even if such information does not identify the patient.

I understand that it is my obligation and responsibility to maintain the confidentiality of all patient information. Improper disclosure or misuse of patient information, whether intentional or due to neglect on my part, is a breach of patient confidentiality, which can result in the loss of access to clinical information for myself and my employer and may result in disciplinary action by my employer. If I am a member of MMC or the NBHN medical staff, improper access, disclosure or misuse of patient information may result in action being taken under the applicable medical staff bylaws, which may result in revocation of my medical staff appointment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_