CONFIDENTIALITY PLEDGE FOR VISITORS

I certify that I am visiting Johns Hopkins for training, observational and/or educational purposes from: _____ to _____ or on _____.

I understand that while I am visiting in this capacity, I may be exposed to "protected health information," as that term is defined and used in Johns Hopkins' policies and in the federal HIPAA privacy regulations (the "Privacy Regulations"), and other information deemed to be confidential by other laws. Protected health information is information about a person's health or treatment that identifies the person. I also understand that while I am visiting in this capacity I may be treated as a temporary member of Johns Hopkins' "workforce" for purposes of the Privacy Regulations only.

I pledge and agree to use and disclose any of this protected health information, and any other confidential information, only for the training, observational and/or educational purposes of my visit and otherwise to keep the information confidential.

I understand that I may direct to the Johns Hopkins Privacy Officer any questions I have about my obligations under this Confidentiality Pledge or under any of the Johns Hopkins' policies and procedures and applicable laws and regulations related to confidentiality. The contact information is: Johns Hopkins Privacy Officer, Telephone: 410-735-6509, e-mail: HIPAA@jhmi.edu.
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_____
Name of Visitor

_____
Signature of Visitor Date

_____

_____
Address of Visitor

_____
Telephone of Visitor

I, as sponsor of the above-named Visitor, have reviewed this pledge with the visitor and certify that the visitor is here for training, observational and/or educational purposes.

_____
Name of Party at Johns Hopkins Responsible for Visitor

_____
Responsible Party Signature Date

Retain original signed copy of this Pledge in the department or entity sponsoring the training, educational event or observation.

Copy to visitor.

Effec. Date 8/1/05