UC RIVERSIDE
UNIVERSITY OF CALIFORNIA

CONFIDENTIALITY STATEMENT

For Non-Workforce Members

The federal Health Insurance Portability and Accountability Act ("HIPAA") and its regulations, the California Confidentiality of Medical Information Act, and other federal and state laws and regulations were established to protect the confidentiality of medical and personal information, and provide, generally, that patient information may not be disclosed except as permitted or required by law or unless authorized by the patient. In certain circumstances, HIPAA allows the disclosure of limited patient information in order to carry out treatment, education, research, public health, or health care operations activities without obtaining the patient or subject's authorization.

1. It is understood and agreed that except as required by law, I will use and hold all Information in strict trust and confidence, and will use such information only for the purposes contemplated herein, and not for any other purpose.

2. I acknowledge that it is my responsibility to respect the privacy and confidentiality of Information received from UC Riverside. I will not access, use or disclose patient or other confidential information unless I am authorized or permitted to do so by law or as authorized by the patient. I further understand that I am required to immediately report any information about unauthorized access use or disclosure of confidential patient information to UC Riverside.

3. I agree to not disclose the Information to any other individuals.

4. Neither the release of any information hereunder or the act of disclosure shall constitute a grant of any license under a trademark, patent, or copyright or application of the same.

5. I understand and acknowledge that, should I breach any provision of this Confidentiality Statement, I may be subject to civil or criminal liability.

6. I understand that any proprietary or business information that I gain knowledge of during my observation is confidential and is the property of UCR SOM and will not be disclosed or discussed beyond the scope of the observation period.

Signature: ___________________________________ Date: ______________________

Print Name: __________________________________