

**Cameron University
Health Plan
Confidentiality Agreement
Volunteers/Visitors/Trainees**

I understand that I may, during the course of my visit to or volunteer/trainee service at Cameron University, Health Plan hear, see, and/or otherwise come into contact University Health Plan Member information of a medical and/or personal nature ("Information"). Therefore, I, the undersigned, do hereby affirm that I will:

1. Protect and safeguard this Information from any oral and/or written disclosure and not disclose any Information to third parties, including family members, students, faculty members, or other health care providers or health plans.
2. Not view or copy Member insurance-related medical or billing records or similar documents, except as specifically allowed by the University Health Plan. I may not use any Information in presentations, reports, or publications of any kind without the University Health Plan's prior written approval.
3. Not release Information from any record source to any unauthorized person without the University Health Plan's prior written approval.
4. Restrict my own access to Information, if any, to that which is essential for and minimally necessary to the proper completion of my responsibilities while visiting or volunteering at the University Health Plan.
5. Complete any training required by the University Health Plan, including but not limited to HIPAA Privacy and Security training.

I understand that all University and University Health Plan policies on confidentiality and this Agreement apply equally to Information stored on paper records, electronically, or on any other media.

Finally, I understand that any misuse of Information from a Member's record or elsewhere, or any violation of the principles of confidentiality, whether intentional or due to neglect on my part, will be grounds for immediate exclusion from future participation in programs sponsored or held by the University Health Plan.

Participant's Name:

(Please Print Full Name)

Signature: _____ Date:

Participant (or legal representative* if participant is a minor)

Date(s) intended to be on Campus

Witness:

Department Representative

Phone

Date

*May be requested to show proof of representative status.