

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

I understand that I may, during the course of my visit to or volunteer 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:

Your Obligations:

- (a) Protect and safeguard all Information from any oral and/or written disclosure and not to disclose any Information to unauthorized third parties, including family members, students, faculty members, or other health care providers;
- (b) Not store any Information on personally-owned devices or unencrypted electronic devices or in unsecured cloud storage and will not remove any Information in any format for any reason unless authorized to do so;
- (c) Restrict access to Information which is essential for and minimally necessary for the proper completion of your responsibilities while visiting or volunteering at for the Health Plan;
- (d) Report to Cameron any use or disclosure of or access to any Information that is not permitted under this document, any underlying agreement, or law as soon as reasonably practicable upon becoming aware of it, but not later than five business days from discovery, and to mitigate, to the extent practicable and in cooperation with Cameron University and the University Privacy Official, any known harmful effects;
- (e) To be fully responsible for all claims, liabilities, costs, and damages arising out of or in any manner related to your unauthorized access to or use or disclosure of the Information;
- (f) Not to view or copy member insurance related medical records, substance use disorder records, or similar documents or to use any Information in presentations, reports, or publications of any kind without University’s Health Plan prior written approval;
- (g) Not to store the confidential information of any other entity or person in or on OU property or information systems;

I. Miscellaneous:

- (a) Complete any training that may be required by the University, which may include but is not limited to HIPAA Privacy and Security training.
- (b) Any ambiguity in this Agreement shall be resolved in a manner that causes this Agreement to comply with all applicable law.
- (c) You understand and agree that the terms of this Agreement apply equally to Information stored on paper records, electronically, or on any other media.

Participant’s Name: _____
(Please Print Full Name)

Signature: _____ Date: _____
Participant signature

_____ Date(s) intended to be on Campus

Witness: _____
Department Representative Phone Date