

**CONFIDENTIALITY AGREEMENT FOR
JOHNS HOPKINS TRUSTEES AND MEMBERS OF ADVISORY BOARDS**

I understand that in the performance of my fiduciary duties for the Johns Hopkins University or Johns Hopkins Health System entity for which I serve as trustee or advisory board member (“Johns Hopkins”) I may come into contact with various types of information. This information may include, but is not limited to, information on patients, employees, plan members, students, other workforce members, donors, research, and financial and business operations, including information on third parties (collectively referred to as “Confidential Information”). Some of this information is made confidential by law (such as “protected health information” or “PHI” under the federal Health Insurance Portability and Accountability Act) or by Johns Hopkins policies. Confidential Information may be in any form, e.g., written, electronic, oral, overheard or observed.

It is important that the entire Johns Hopkins Medicine community share a culture of respect for Confidential Information. To that end, I recognize that it is important for me, as a trustee or advisory board member, to have a basic understanding of the law and Johns Hopkins policies governing confidentiality and privacy, and to lead by example.

Therefore:

I will access, use and disclose Confidential Information in keeping with Johns Hopkins policies and laws and only on a need-to-know basis.

I will not disclose Confidential Information to patients, friends, relatives, co-workers or anyone else except as permitted by Johns Hopkins policies and applicable law and as required to perform my duties.

I will protect the confidentiality of all Confidential Information, including PHI, while at Johns Hopkins and after I leave service as a trustee or advisory board member for Johns Hopkins. All Confidential Information remains the property of Johns Hopkins and may not be removed or kept by me when I leave service for Johns Hopkins except as permitted by Johns Hopkins policies or specific agreements or arrangements applicable to my situation.

If I violate this agreement, I may be subject to termination of my trustee or advisory board member relationship. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above and agree to be bound by it.

Name: _____ Name of Board: _____

Signature: _____ Date: _____

Keep original signed copy of this Agreement in the office of the secretary of the respective board.

Copy to trustee or advisory board member.