

CONFIDENTIALITY PLEDGE FOR VISITORS

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

I understand that while I am visiting in this capacity, I may be exposed to "protected health information," information about a person's health or treatment that identifies the person, and other information deemed to be confidential by other laws (collectively referred to as "Confidential Information"). 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 federal HIPAA privacy regulations only.

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

I will not post or discuss Confidential Information, including pictures and/or videos, on my personal social media sites (e.g. Facebook, Twitter, etc.).

I will not access, maintain or transmit Confidential Information on any unencrypted portable electronic devices (e.g. Blackberries, Androids, iPhones, iPads, etc.) and agree to use such devices in accordance with Johns Hopkins policies only.

I understand that I may direct to the Johns Hopkins Privacy Office 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 Office, Telephone: 410-735-6509, e-mail: HIPAA@jhmi.edu.

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 Hospital 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.