

**CONFIDENTIALITY AGREEMENT**  
**TOUR PARTICIPANT or WORK OBSERVER**

Department/Campus: \_\_\_\_\_  
Sponsoring Laboratory Section: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date(s) of Tour or Observation: \_\_\_\_\_

**SCOPE**

This Agreement requires all Work Observers or Tour Participants in any Beaumont Hospitals department, to comply with legal regulations and Hospital policies regarding the confidentiality of Beaumont Information. Beaumont Information includes but is not limited to protected health information (PHI) such as patients' personal and medical information and Beaumont's proprietary information (including clinical, research and business practices, reimbursement or other trade activities), whether that information is verbal, written, printed or electronic or electronically stored. This Agreement in no way constitutes "employee" or "student" status and does not provide for any wage or benefit compensation including health insurance, worker's compensation, or other general liability coverage. It is agreed that there is no patient contact allowed, including no contact with any blood or body fluids. Also, it is agreed that Beaumont Hospitals will have no responsibility or liability to the Work Observer or Tour Participant in this Agreement and allows the named individual access to the department only as a Work Observer or Tour Participant; Work Observer or Tour Participant assumes personal liability for any injury sustained and/or the loss, theft or damage to any personal property on Beaumont premises. There is no TB test required as a Work Observer or Tour Participant. The Work Observer or Tour Participant also agrees to follow the dress code policy of Beaumont Hospitals and maintain professional conduct during his/her visit.

**OUR OBLIGATIONS**

We are **required by law** to maintain the privacy of patient's information. As a Work Observer or Tour Participant in any Beaumont location, you must fully comply with all applicable laws pertaining to the privacy and security of PHI. PHI includes written documents, electronic information (ePHI), verbal information, video, photographic or audio recording.

- The Health Insurance Portability & Accountability Act (HIPAA) of 1996 defines Privacy and Security Regulations related to PHI.
- The Regulations define "protected health information" as individually identifiable health information that is:
  - I. Transmitted by electronic media;
  - II. Maintained in electronic media; or
  - III. Transmitted or maintained in any other form or medium.

**CONFIDENTIALITY**

- a. I understand that Beaumont's Information is confidential business information, which is not for the public domain. I have no right or ownership interest in any confidential information referred to in this Agreement. Beaumont may at any time revoke my access to confidential information.
- b. I will not access or disclose any Hospital Information (PHI or proprietary).
- c. Confidential information is not an appropriate topic in casual conversation. I will not discuss confidential information in public places such as elevators or cafeterias.
- d. All use of video, audio or a photographic recording is prohibited without written authorization. This includes, but is not limited to the use of personal devices such as cameras, camera phones, PDAs, Smart Phones or Blackberry's for recording on Beaumont premises

**COMPUTER SYSTEMS USAGE**

- a. I will not access Beaumont's computer systems.
- b. All personal devices such as laptops, tablets, PDAs or Smart Phones must first be examined and approved by Beaumont's Information Technology Services before connecting the device to Beaumont's private internal network. Use of personal electronic devices is subject to approval by the department administration.

**GENERAL CONDITIONS**

I understand if I fail to comply with the terms of the Agreement, Beaumont Hospital may remove me from the department, as well as take appropriate legal action under the applicable local, State or federal law. I understand that my obligations regarding confidentiality under this Agreement will continue indefinitely even after completion of the Work Observer or Tour experience.

I have read and agree to abide by this Confidentiality Agreement.

\_\_\_\_\_  
Signature of Tour Participant/Work Observer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Laboratory Supervisor or Dept. Admin

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name