PORT HURON HOSPITAL
Confidentiality Agreement

_____ ("Individual"), and Port Huron Hospital ("PHH") have entered into an agreement to provide an educational experience, through which Individual may have access to confidential information (oral, written, visual, or computer supported information not otherwise available to the public at large) about patients of PHH, their families, and/or other PHH matters.

It is the policy of PHH to provide the highest level of privacy and confidentiality with respect to the Medical Information for our patients as may be required by federal laws and regulations, including, but not limited to the Health Insurance Portability and Accountability Act ("HIPAA"), and any applicable state laws and regulations.

In light of the prevailing privacy concerns of PHH, Individual agrees that he/she shall hold all confidential information of which he/she becomes aware, in the truest confidence, as required by law.

It is further understood and agreed that any unauthorized disclosure, copying and/or misuse of Confidential Information is a serious breach of duty and will result in termination of this agreement.

If the unauthorized disclosure results in civil litigation or criminal fines or penalties, it is understood that the Individual will be held responsible fore these costs, fines and attorney fees.

If I have any questions about my obligation under this agreement or about PHH policies and procedures related to Confidentiality, I understand that I may direct my questions to Gary LeRoy, PHH Compliance Officer at 810.989.3708.

I have read this Confidentiality Agreement and agree to its terms.

_____ Date

_____
Individual (Print)

_____
Signature of Individual

_____
Parent or Guardian Name – if a Minor (Print)

_____
Parent or Guardian Signature

_____
Hospital/Facility Department Representative