

Confidentiality and Non-Disclosure Acknowledgment

Obligations Regarding Confidentiality and Privacy of Information

The purpose of this Confidentiality and Non-Disclosure Acknowledgment form is to assure the protection of any Protected Health Information (PHI) I may hear or see during my participation in Christian Motorcyclist Association (CMA) ministries.

PHI confidentiality is protected by law, rules and regulations, and internal UTMB policies. These laws, rules, regulations and policies are to assure the confidentiality of information is appropriate. In the ministry of the Christian Motorcyclist Association, I understand and acknowledge that I may have access to PHI in different formats (oral, written, electronic), and that I am expected to treat any acquired information with the utmost confidence and respect.

Therefore, I Agree and Acknowledge the Following:

- I will use the PHI received only to the extent required for the Christian Motorcyclist Association and will not use or disclose any PHI, under any circumstance or method without proper authorization.
- I will maintain and protect the privacy of all PHI relating to UTMB's patients, and I will not use or disclose PHI for any reason other than as required for my participation in the CMA.
- I will promptly notify UTMB of any inappropriate use or disclosure of PHI of which I am aware.

Name

Signature

Date