VISITING VENDOR REPRESENTATIVE CONFIDENTIALITY AGREEMENT AND POLICY
ACKNOWLEDGEMENT FORM

The University of Wisconsin Hospitals and Clinics Authority ("UWHC") permits vendor representatives to access UWHC facilities in order to provide product information to healthcare personnel employed at UWHC. Federal and state laws, accreditation standards, and professional ethics require that the institution maintains the confidentiality of patient information to the greatest extent possible. The purpose of this agreement is to establish the following understanding between UWHC and the vendor representatives regarding confidentiality of patient information.

I understand that I have been permitted to conduct business at UWHC, which includes meeting with and/or instructing clinical staff in the proper use of one or more clinical products. I understand that I am permitted to conduct such business only in the following places: conference rooms and private offices. I understand that only those vendors of medical/surgical devices granted proper authorization and permission by UWHC (per policy 11.19, sections B.4 and I.1), may conduct business in designated patient care areas. No business may be conducted in a public area.

I understand that I am not allowed to discuss or request specific patient information.

I understand that during the course of conducting business, I may come in contact with the individually identifiable information of UWHC’s patients. Individually identifiable information means any information that identifies a patient, including demographic, financial, and medical, that is created by a health care provider or health plan that relates to the past present or future condition, treatment, or payment of the individual.

I understand that individually identifiable information includes all patient identifiable information in any medium, including, but not limited to oral, written, hard copy, and electronic (whether retrieved on screen or contained on a computer disc).

I understand that individually identifiable information is to be held in strict confidence and I agree that I will not:

1. Review any individually identifiable information not directly relevant to business purposes.
2. Discuss any individually identifiable information with anyone who does not have a legitimate, professional need-to-know the information.
3. Disclose the information to any person or organization outside UWHC without proper, written authorization from the patient except as required by law/ FDA regulations and except as permitted by any Business Associate Agreement between my company and UWHC.

I understand that the obligations outlined above will continue after I have conducted my business.

I understand that violation of any of the above may lead to civil and/or criminal penalties pursuant to the Health Insurance Portability and Accountability Act of 1996.

I acknowledge that I have received copies of the UWHC Hospital Administrative Policies:

1. 11.19 Regulation of Vendor Representatives and the Vendor Liaison Office
2. 8.36 Control of Trial Supplies of Prescription Medication: Samples, Drug Vouchers & Starter Supplies (only if applicable to my business)

I acknowledge that if I use UWHC scrubs, I will return them within 60 days of terminating my services at UWHC. I understand that if I do not return the scrubs within 60 days, I will receive an invoice for $25 from UWHC.

I acknowledge my responsibility to read Policy 11.19 (and Policy 8.36, if applicable) and understand that a failure to comply with these policies and associated procedures will result in reprimand with first infraction and with subsequent infractions, will result in loss of some or all privileges within the hospital and clinics as outlined in policy 11.19.

__________________________ Date
Signature of Vendor Representative

__________________________ Date
Signature of UWHC Staff