UW Health
University of Wisconsin Hospital and Clinics

Vendor Liaison Office
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VISITING VENDOR REPRESENTATIVE CONFIDENTIALITY AGREEMENT AND POLICY ACKNOWLEDGEMENT FORM

The University of Wisconsin Hospitals and Clinics Authority ("UWHCA") permits vendor representatives to access UWHCA facilities in order to provide product information to healthcare personnel employed at UWHCA. 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 UWHCA and the vendor representatives regarding confidentiality of patient information.

I understand that I have been permitted to conduct business at UWHCA, 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 UWHCA (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 UWHCA'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; or (3) Disclose the information to any person or organization outside UWHCA 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 UWHCA.

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 penalties pursuant to the Health Insurance Portability and Accountability Act of 1996.

In addition, I acknowledge the following:

1. I have received copies of and agree to be bound by UWHCA Hospital Administrative Policies 11.19: Regulation of Vendor Representatives and the Vendor Liaison Office and Policy 6.1.6: Control of Trial Supplies of Prescription Medication: Samples, Drug Vouchers & Starter Supplies (if applicable). Failure to comply with these policies 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 the policies.
2. The UW Health Master Terms and Conditions, found at uwhealth.org/vendors, will apply to all goods and services provided by my company to UWHCA, unless my company has a different, currently effective, agreement relating to goods and services with UWHCA.
3. My company has properly trained its employees and agents engaged in business with UWHCA on Medicare Parts C&D compliance for First Tier, Downstream, and Related Entities (FDR) via the training available on CMS.gov.

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Signature of Vendor Representative — Date

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Name of Vendor Company

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Signature of UWHCA Staff — Date