

**CONFIDENTIALITY AGREEMENT FOR WORKFORCE MEMBERS WHO ARE
CONTRACTORS, VENDORS OR SUPPLIERS**

I understand that I require information to perform my duties at the Alaska Native Medical Center entity by which I am engaged or for which I am performing services at "ANMC". This information may include, but is not limited to, information on patients, employees, students, other workforce members, donors, research, and financial and business operations. Some of this information is made confidential by law such as protected health information (PHI) under the federal Health Insurance Portability and Accountability Act (HIPAA) or by ANMC policies. Confidential information may be in any form, e.g., written, electronic, oral, overheard or observed.

I also understand that access to all confidential information is granted on a need-to-know basis. A need-to-know is defined as information access that is required in order to perform my work.

I will not disclose confidential information to patients, friends, relatives, co-workers or anyone else except as permitted by ANMC policies and applicable law and as required to perform my work as a contractor, vendor or supplier for ANMC.

I will protect the confidentiality of all confidential information, including PHI, while at ANMC and after I leave ANMC. All confidential information remains the property of ANMC and may not be removed or kept by me when I leave ANMC except as permitted by ANMC policies or specific agreements or arrangements applicable to my work as a contractor, vendor or supplier for ANMC.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of ANMC. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above and agree to be bound by it.

Name: _____ Company: _____

Signature: _____ Date: _____