PRODUCT REPRESENTATIVE CONFIDENTILITY AGREEMENT

All product representatives and each of their agents or contractors doing business with Mercy Medical Center, its subsidiaries and affiliates, will assure CONFIDENTIALITY by acknowledging and maintaining the privacy of ALL information and/or knowledge regarding a patient or employee's medical status, personal affairs, and any business or financial information of Mercy Medical Center. Due to the sensitive nature of this information, the agreement of confidentiality continues to apply even after the product representative's affiliation is terminated.

As part of my duties as a product representative or an agent, employee or contractor, thereof, doing business with Mercy Medical Center, I may have access to confidential information including, but not limited to, certain data records, and/or information systems. I understand that I have a responsibility to maintain two (2) aspects of security regarding such information: that being of (1) confidentiality and (2) integrity. I am committed to protect and safeguard from any oral written disclosure of any and all Mercy Medical Center Confidential Information regardless of the type of media on which it is stored (e.g., paper, fiche, computer, etc.) in all information systems with which I may come into contract. I agree that I will not release any confidential information to any unauthorized person and/or permit any person to examine or make copies of any confidential information prepared by me or coming into my possession. I will not use or further disclose any Mercy Medical Center Confidential Information other than as permitted by law, including the Health Insurance Portability and Accountability Act (HIPAA) regulations or as permitted by the Agreement.

I understand that any breach of confidentiality, or misuse of information obtained from Mercy Medical Center, may result in the termination of my access to Mercy Medical Center facilities, the potential termination of the vendor relationship and/or legal action. Unauthorized disclosure may give rise to irreparable injury to the patient or to the owner of such information and accordingly the patient or owner of such information may seek legal remedies against me.

NAME (please print)_____
(Last) (First) (Middle Initial)

NAME (please sign)_____

COMPANY AFFILIATION_____

EMPLOYER NAME _____