



Contra Costa Regional Medical Center  
Quality Improvement Project

**CONFIDENTIALITY AGREEMENT**

I understand that Contra Costa Regional Medical Center (“CCRMC”) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their private health information. In the course of my participation in the \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_, I may see, hear, come into possession of, or use “protected health information.” “Protected Health Information” (“PHI”) is defined as individually identifiable information regarding a patient’s identity, health, condition, diagnosis, treatment, treatment outcomes and any other private health information, regardless of form, including but not limited to electronic, written, and oral information.

Accordingly, **I AGREE** to abide by the following confidentiality practices during my participation in the Quality Improvement Project (“Project”) described above.

1. **I AGREE** that I will only access and utilize the minimum amount of PHI needed for my effective participation in the Project.
2. **I AGREE NOT** to talk with **anyone**, including my family/relatives, friends, acquaintances, and members of the press, about any PHI, including but not limited to my observations, acquired by me during my participation in the Project.
3. **I AGREE NOT** to duplicate, download, or otherwise remove any PHI information from the premises of CCRMC.
4. At the conclusion of the Project, **I AGREE** to appropriately destroy any PHI that I acquired and/or used in the course of the Project, including but not limited to the shredding of any and all written documents.
5. **I AGREE NOT** to take any photographs, videos, or audio recordings of PHI, patients, family members of patients, or the working staff of CCRMC.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_