



**CONFIDENTIALITY AGREEMENT  
VISITORS TO UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO**

Welcome to the University of Illinois Medical Center at Chicago. The purpose of this agreement is to help you understand your obligations regarding confidential information that you may have access to.

Confidential information is protected by Federal and State laws, regulations – including HIPAA, and the Joint Commission on Accreditation of Healthcare Organization standards.

As a visitor, you are required to conduct yourself in strict conformance with applicable laws, standards, and regulations. Violation of these rules may subject you to potential legal action.

In the event that you do have access to confidential information, you hereby agree:

- You will not in anyway divulge, copy, release, sell, loan, alter or destroy any confidential information/data.
- You will not misuse confidential information/data or be careless with it.
- You understand that your obligations under this Agreement will continue after your visit to the University is over.

\_\_\_\_\_  
Visitor (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Visitor (Signature)

\_\_\_\_\_  
Medical Center Representative/Contact

\_\_\_\_\_  
Date

Reason for Visit:

\_\_\_\_\_  
\_\_\_\_\_

Affiliation/School/College Contact: \_\_\_\_\_  
(Print Name)

Phone: \_\_\_\_\_

Affiliation: \_\_\_\_\_

*Return this form to the Privacy Officer, B-52C, Pharmacy Building, University of Illinois Medical Center at Chicago Hospital*