



Stony Brook
School of Dental Medicine

CONFIDENTIALITY AGREEMENT FOR VISIT/TOUR PARTICIPANT(S)

Stony Brook University School of Dental Medicine (SDM) is required by federal and state law to protect and preserve the confidentiality and proper use of a patient's health information.

As a condition of your visit/tour, you must read, understand and agree to observe requirements for preserving the confidentiality of protected health information and privacy of patients at Stony Brook University School of Dental Medicine as follows:

1. Confidential personal information about a patient's medical condition is maintained by the SDM. It is possible, despite all reasonable efforts, that during your tour/visit, you may overhear or observe private and personal information about our patients. As a condition of your visit/tour, you agree that you will not seek access to private personal information. If however, you gain access to such information in the course of your tour/visit, you will not discuss it with anyone; you will not tell anyone, even another employee, that patient is at the SDM Dental Care Center, unless it is a part of the purpose of your visit/tour.
2. In addition:
 - You will not write, record, photograph, videotape, or in any way keep track of a patient's medical condition or medical care.
 - You will not access/read/review any medical record in paper or electronic form.
 - You will not photocopy or electronically print any part of a patient's medical record or any material/item which mentions a patient's name.
 - You will not communicate in any manner including but not limited to mail, fax or e-mail, anything about a patient's medical condition or medical care to anyone, even another hospital employee.
 - You will not access or look at any patient's medical record or medical information, whether it is the actual file, medical record itself or whether it is data stored in a computer system. This includes addresses and other personal information such as dates of birth and social security numbers. You agree that you will not look through any hospital patient files or a patient's computer database at random.
 - You will not handle any materials/documents containing individually identifiable health information.
3. You understand that any inappropriate access on your part will result in immediate termination of the visit/tour.
4. You understand that any violation of this agreement may be actionable against you personally.
5. You understand that should you violate any of these rules and your agreement to these rules, Stony Brook University School of Dental Medicine reserves the right to pursue against you any and all legal remedies and/or actions available under the law.
6. If you have any questions about anything you have read, you must ask the person responsible for arranging/conducting the visit/tour, to thoroughly explain to you the parts you do not understand. You may contact the HIPAA Privacy Officer at 631-444-5796 with any questions you may have prior to signing this agreement. Do not sign this agreement unless you understand it.

I understand the above-stated rules regarding the privacy of patients and confidentiality of patient information and agree to abide by them as well as any other applicable policies and law.

Signature of Visitor/Tour Guest/Agent

Printed Name

Signature of Witness

Printed Name

Date