



**CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

**FOR VISITORS, GUESTS OR OBSERVERS**

I am visiting New York Presbyterian Hospital (the “Hospital”) for educational or business purposes and will be observing particular operations of the Hospital. I understand that during my visit, I may observe or have access to what this agreement refers to as “Confidential Information.”

“Confidential Information” includes but is not limited to proprietary or non-public business information and patient information (including “protected health information” as defined by the Health Insurance Portability and Accountability Act of 1996). Confidential Information is valuable and sensitive, and is protected by law and by strict Hospital policies. The intent of those laws and policies is to assure that Confidential Information will remain confidential – that is, it will be used only as necessary to accomplish the Hospital’s mission.

I agree not to disclose, copy, misuse, or release any Confidential Information that I may observe or have access to during the course of my visit. I understand that my obligation under this agreement will continue after my visit is complete. I will be responsible for my conduct during the time I am a guest observer. I understand that failure to comply with this agreement may result in personal civil and criminal legal liability.

**To Be Completed By Visitor:**

Name (please print): \_\_\_\_\_

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

Date(s) of Visit: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing (Street) Address: \_\_\_\_\_

**To Be Completed by Hospital Responsible Party:**

Name (please print): \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

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