Arizona Health Survey

Confidentiality Agreement

St. Luke's Health Initiatives (SLHI) is firmly committed to protecting the confidentiality of information obtained through the Arizona Health Survey (AHS), preventing unauthorized use or disclosure of Confidential Information, and protecting the rights of human subjects who participate in research studies. I understand and acknowledge that this commitment is crucial to the expectations of respondents who are promised confidentiality and to the integrity of the AHS and ethical codes of conduct of research institutions. In addition, I understand and acknowledge maintenance of confidentiality as a matter of law, particularly the Privacy Act of 1974; the Confidential Information Protection and Statistical Efficiency Act of 2002, the Health Insurance Portability and Accountability Act of 1996, and Title 36 of the Arizona Revised Statutes.

I acknowledge and agree that I will have knowledge of and/or access to confidential information in conjunction with my receipt and use of AHS data, in consideration of which, I agree to the following:

a. that I will not at any time or in any manner, either directly or indirectly, use any of the confidential information of which I have been, or hereafter become, informed for my own benefit or in any other unauthorized manner, nor will I divulge, disclose or communicate in any manner any such confidential information to any third party without the prior written consent of SLHI;

b. to devote my best efforts to preventing unauthorized or inadvertent disclosure of, or access to the confidential information and to ensuring compliance with SLHI's policy regarding privacy protected data;

c. to report any potential or actual breaches of confidentiality or security procedures to SLHI immediately, and to oversee the procedures and practices of any staff that I may supervise to ensure that confidential information is properly safeguarded; and,

d. to destroy or return upon SLHI's request and in accordance with SLHI's instructions all copies of AHS data files that may contain privacy protected information.

I understand that a violation of these confidentiality requirements through unauthorized discussion, disclosure, dissemination, access or otherwise may result in termination of my data use privileges as well as individual criminal and/or civil penalties.

_____ _____

Signature Date

_____ _____

Printed Name Organization