

## VENDOR CONFIDENTIALITY AND COMPLIANCE AGREEMENT

In furtherance of its mission and consistent with its values, "North Mississippi Medical Center" ("Hospital") endeavors to improve the quality of patient care and the health status of the community while protecting the confidentiality, privacy and the quality of care of patients. All Vendor representatives who have access to patients, patient's information or business information, are required to agree to and abide by the terms of this Agreement. Please read this Agreement carefully and ask questions if you need clarification.

"Confidential Information" is any patient, physician, employee and business information obtained during the course of vendors actions for or association with North Mississippi Medical Center ("Hospital") and North Mississippi Health Services and its subsidiaries ("NMHS"). All capitalized terms have the meanings set forth in Hospital policies and applicable law, including the Health Insurance Portability and Accountability Act (a.k.a. "HIPAA").

I agree to treat all Confidential Information as strictly confidential, and will not reveal or discuss Confidential Information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access Confidential Information to the extent necessary to perform my duties. I will not disclose Protected Health Information ("PHI" - e.g. name, date of birth, etc. coupled with treatment information) if the PHI can be removed prior to disclosing or using the PHI.

I agree to use all Confidential Information only in accordance with Hospital Policies and Procedures and HIPAA. I will not misuse or attempt to alter Confidential Information in any way.

I understand that Hospital reserves the right to audit, investigate, monitor, access, review, and report on my use of any Confidential Information obtained from Hospital with or without advance notice to me and with or without my knowledge.

I will abide by all Hospital Policies and Procedures when on the Hospital premises.

I understand that violation of a Hospital Policy and procedures may subject me to immediate termination of access to the facilities of Hospital and NMHS as well as potential legal action by Hospital.

I agree that I will not open sterile supplies, operate any clinical equipment, provide any hands-on assistance before, during or after an operative procedure. I also understand and agree that I am not allowed in supply areas unless accompanied by a member of the surgical staff.

My signature below acknowledges that I have read and understand this agreement and realize it is a condition of my access to the facilities of and association with Hospital and NMHS.

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

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