



MACOMB COUNTY COMMUNITY MENTAL HEALTH

SALES REPRESENTATIVE CONFIDENTIALITY AGREEMENT

In the course of sales interactions on behalf with Health Care Providers, the undersigned, a professional sales representative for _____ (“Representative”) may encounter individually identifiable health information about the Health Care Provider’s patients. In recognition of the Health Care Provider’s obligation under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its Privacy Standards (the “Privacy Rule”) to establish appropriate administrative, technical, and physical safeguards to maintain the privacy of Protected Health Information, as defined by 45 CFR §164.501 (“PHI”), Representative hereby agrees to the following:

1. In all circumstances in which Representative comes into contact with any form of PHI while interacting with Health Care Provider, Representative will keep such PHI strictly confidential and will not collect, store, copy, maintain or transfer it to any party except as required by law.
2. In accordance with the Privacy Rule and regulations issued by the Food and Drug Administration (“FDA”), Representative may transfer to Chief Medical Office of Macomb County Community Mental Health Services, all adverse event and product quality reports received by Representative.
3. This agreement shall not apply to PHI disclosed to Representative in accordance with a valid Authorization, under 45 CFR §164.508.
4. Any modification to this agreement must be documented in a separate written agreement.

Agreed to as of the date set forth below:

The undersigned healthcare professional acknowledges receipt of this Confidentiality Agreement from

Name (print)

Name (print)

Signature

Signature

Title

Title

Date

Date