CONFIDENTIALITY DISCLOSURE AGREEMENT

MADE FOR

ACADEMIC CLINICAL RESEARCH OFFICE -ACRO

BY

(…………………………………………………………………………)

please insert name of institution/ORGANIZATION

This agreement acknowledges that (I/ as a representative of (entity),…insert name and company…herein after refer to as THE UNDERSIGNED…………, understands and undertakes the responsibility of securing the confidentiality of individually identifiable protected health information (PHI) in all available information .electronic communication included , provided to the undersigned upon requested and granted by ACRO.

It is noted that the provided level of access granted to non-employed providers, business associates or other service providers of THE UNDERSIGNED is based on the scope of the Clinical Trial Agreement of ………insert Protocol Name………………….between company…………… and Faculty of Medicine, Khon Kaen University.

The following statements reiterate the understanding of responsibilities to the confidential access of electronic data and all communication granted by Academic Clinical Research Office (ACRO) Faculty of Medicine, Khon Kaen University to THE UNDERSIGNED.

Regardless of kinds of electronic access, the UNDERSIGNED understands the responsibility for protecting patients’ confidentiality and privacy.

Access

• THE UNDERSIGNED will access, use or disclose PHI only according to Srinagarind Hospital, Queen Sirikit Heart Center, and Academic Clinical Research Office, Faculty of Medicine’s instructions Policy and procedures, standard of Patient Notice of Privacy Practices and other limitation of which THE UNDERSIGNED shall duly be informed in writing in advance, and comply with all legal requirements of Personal Data Protection Act (PDPA).

• THE UNDERSIGNED understand all PHI is confidential, and it must not be made accessible to unauthorized persons.

• THE UNDERSIGNED will not access PHI for any unauthorized purpose. THE UNDERSIGNED will appropriately access, use or disclose minimally necessary information only on a need-to-know basis.

• THE UNDERSIGNED will not remove any electronic devices storing PHI from Srinagarind Hospital and Queen Sirikit Heart Center Health System locations except in the performance of THE UNDERSIGNED’S contractual duties, and only according to PDPA privacy and security policies and regulations.

• Printing of hard copies and other form of duplications from electronic sources must be performed under ACRO writing authorization.

• Technical support will be provided only for problems related to the remote session.

Security

• THE UNDERSIGNED will, with the use of efficient non-accessible security device(s), properly secure confidential information on all computers, and will at all time ensure that others cannot view or access such information. THE UNDERSIGNED will secure confidentiality by logging off or locking the computer or laptop to prevent unauthorized access.

• THE UNDERSIGNED I will not use computer resources to engage in illegal activities or to harass anyone. THE UNDERSIGNED will not seek, or allow others to seek, personal benefits by accessing or disclosing confidential information under the main agreement.

• THE UNDERSIGNED understand that access and use of confidential information or data is monitored, and that access rights are subject to periodic review or change.

• THE UNDERSIGNED will report any suspicious activity, lost or stolen devices and unauthorized access, use or disclosure of PHI to supervisor, manager, and director or the compliance officer, corporate attorney or privacy officer.

By signing this form, THE UNDERSIGNED I acknowledge:

• THE UNDERSIGNED have read, understood and agree to all of the terms and statements above;

• Misusing confidential login and violating PDPA or health system policies will subject to civil and criminal prosecution.

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| **Recipients’s Institution/organization** –  Signature: ...........................  Print name: ...........................  Title: ……………………………  Date: ………………………….. | **Witness**  Signature: ...............................................................  Print name: Prof.Kwanchanok Yimtae, M.D.  Title: Director  Academic Clinical Research Office (ACRO)  Faculty of Medicine, Khon Kaen University  Date: ……………………………………………………………..…….. |