

Texas Children's Hospital
CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

I understand that Texas Children's Hospital has a legal and ethical responsibility to protect the confidentiality of the information used to conduct its business. I also understand that during my relationship with Texas Children's Hospital, I may be exposed to confidential information including patient information, personnel records, financial information, and system passwords. I agree to protect all confidential information owned by or in the custody of Texas Children's Hospital, during my relationship with the Hospital and thereafter. I further agree not to disclose confidential information to anyone without proper authorization from Texas Children's Hospital. At the request of Texas Children's Hospital, I shall return all confidential information in my possession or any products derived from that information.

Texas Children's Hospital Information Security Policy and Procedures have been made available to me. I have read these documents, understand their contents and agree to comply. I recognize that Texas Children's Hospital has the right to update these documents and agree to comply with such modified policy and procedures. I also understand that failure to comply with Hospital policy can result in privilege revocation, termination of volunteer status and/or legal action.

Full Name (Please print)

Signature

Date