



MAURY REGIONAL MEDICAL CENTER

Vendor Representative Letter of Understanding and Confidentiality Agreement

We, the undersigned, have been provided a copy of the Maury Regional Medical Center (MRMC) Policy for Vendor Representatives, Policy *ppvendorpolicy*, and the General Inservice Education Information. We have read, understand and agree to abide with both documents.

We understand that we may come in contact with proprietary or “protected health information” as that term has been defined by the Health Insurance Portability & Accountability Act. We agree that we will not at any time, either during our engagement or thereafter, copy or record that information, or use for our own benefit or divulge, furnish or otherwise make available, either directly or indirectly to any person, firm, corporation or other entity any proprietary or protected health information. We shall keep all proprietary and protected information strictly and absolutely confidential.

We will, upon the cessation of their engagement or upon termination of vendor’s contractual obligations with MRMC, whichever occurs first will immediately surrender and deliver to MRMC all lists, books, records, memoranda, documents and data of every kind relating to proprietary or protected health information and all other property belonging to the MRMC.

We understand that these rules apply to all representatives and/or subcontractors of our firm as it pertains to business conducted by our firm and/or its subcontractors at the Maury Regional Medical Center.

Vendor Representative Name

Company Name

Signature

Address

Phone No.

City State Zip

Immediate Supervisor’s Name

Title

Signature

Phone No.