



54 Main Street | Sturbridge, Ma | 01566 | 774.241.0013

HIPAA Visitor Agreement

This form comprises a strict confidentiality and non-disclosure agreement between Brandis Center Inc., and a non-employee (visitor) who will be on-site and has the potential to observe operational activities. The purpose of this form is to bind visitors (including but not limited to: clients and their families touring the facility, trainees, vendors, or contractors) so that they do not disclose patient data that they are incidentally exposed to during their visit.

I certify that I am a visitor of Brandis Center Inc.

I understand that while I am visiting in this capacity I may be exposed to confidential information which includes protected health information (PHI), other sensitive or proprietary information that is protected by federal HIPAA privacy regulations, other laws or Brandis Center Inc. policies.

I agree to adhere to the following guidelines:

- All patient information as well as information regarding Brandis Center Inc. operations, employees/human resources is confidential. Any inappropriate viewing, discussion of this information is a violation of policy.
- This information is privileged and confidential regardless of format: electronic, written, overheard or observed verbal communication.
- Visitors must not attempt to view, hear, copy, or otherwise access PHI. Any inappropriate viewing, discussion, or disclosure of PHI is a violation of policy and may be a violation of HIPAA and other state/federal laws. Any such violation(s) may lead to civil liability and/or criminal charges.
- Notes must not be taken if information includes PHI.
- If a visitor accidentally sees, hears, or is otherwise exposed to patient information, he/she must not disclose patient information to anyone. This includes telling another person about patients that were present at Brandis Center Inc during the visit.
- Photographing our facility, employees, or patients is strictly prohibited. This includes taking pictures or videos with digital recording devices and/or cell phone cameras.
- Visitor confidentiality obligations continue after the visit to the Brandis Center Inc. ends.

I understand that I may direct any questions I have about my obligations under this HIPAA Visitor Agreement in writing to the Brandis Center Inc. 54 Main St., Sturbridge, MA 01566 or via email to info@brandiscenter.com.

Name of Visitor (first/last)

Signature of Visitor

Date

Visitor's Organization Affiliation (if any)

Name of Responsible Party (employee name first/last)

Signature of Responsible Party

Date