

**Pledge to protect patient confidentiality**

When you are in any of our Baptist Health South Florida facilities assisting us in the use of your devices or when you collect information from us or our patients regarding an FDA-regulated device for which you have responsibility, your actions must be consistent with the privacy of our patients. These expectations arise under the policies and procedures that we have established to implement the federal privacy regulations and applicable state laws. To help ensure that our expectations in regards to our patients privacy are met, by signing below you agree to:

- Notify our personnel when registering, signing in, or visiting our premises, in accordance with our established procedures.
- Obtain, use and disclose protected health information ONLY as necessary to assist us or a patient using your device or to fulfill your obligations under the Federal Food Drug and Cosmetic Act.
- Seek clarification from the Baptist Health Chief Privacy Officer at 786-596-8850 if you have any questions about whether you may obtain, use or disclose protected health information.
- Guard and maintain the confidentiality of protected health information, including, but not limited to, keeping such information secure, private, and out of public view, and avoiding conversations about such information except as necessary to meet your obligations.
- At a minimum, by executing this pledge, you are agreeing to not record, use, or disclosure any protected health information to which you are incidentally exposed to on our premises without permission.
- Immediately report to the Baptist Health Chief Privacy Officer any uses and/or disclosure that do not comply with applicable law or these confidentiality requirements or any breach or threat to the security of protected health information of which you become aware.

If you have any questions with respect to our expectations or policies, please contact the Baptist Health Chief Privacy Officer at 786-596-8850 or Baptist Health Supply Chain Services at 786-596-6565.

I attest to having read the above pledge and agree to comply with the expectations set forth with the above confidentiality requirements to assist Baptist Health South Florida in protecting health information regarding their patients.

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Signature of Company Representative

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Company Name

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Print Name

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Date