

HIPAA CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Mentees involved in this program may be granted access to confidential patient information in the course of their responsibilities provided by the mentor. This agreement is to ensure the protection of patients' rights to privacy.

This non-disclosure agreement is effective upon signing and throughout the entirety of the mentorship. It is entered into by and between _____ (“Mentor”) and _____ (“Mentee”).

By signing below, the mentee shows they will adhere to the mentor’s privacy policies, as well as the following policies in compliance with HIPAA Privacy Law:

- Protected health information (PHI) should only be accessed on a need be basis as it pertains to mentee responsibilities.
- PHI should only be disclosed with the patient, unless in a private setting with individuals who have approved access, and only on a need be basis.
- “confidential information” refers to any data and/or information that is related to the disclosing party “e.g. Mentor”, in any form, including, but not limited to, oral or written. Such confidential information, but not limited to, any information related to the business or industry of the mentor, such as discoveries, processes, techniques, programs, knowledge base, customer lists, potential customers, business parties, affiliated partners, leads, know-how, or any other services related to the Mentor.

Failure to uphold this agreement may lead to disciplinary actions based on the nature of the violation as deemed necessary by the mentor.

Mentee Signature

Date

Mentor Signature

Date

Disclaimer: This agreement is between mentor and mentee. The RD Mentorship Program will not be held liable for any miscommunications or discrepancies listed in this agreement.