

Vanderbilt University Medical Center Confidentiality Agreement Acknowledgement and Agreement Form

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: _____ Date: _____

Printed Name: _____

Job Title: _____ Department/School: _____

Summary Points

- I will access, use, and disclose confidential information only as authorized and needed to perform my job duties for VU and VUMC.
- I am responsible for all actions taken using my User-ID/Passwords and other authentication devices. I agree not to allow others to use my User-ID/Passwords.
- I agree not to attempt to use any authentication devices belonging to others.
- I will use VU computer systems only as outlined in the VU Computer Privileges and Responsibilities policy.
- Any violation of confidentiality as outlined in this agreement will result in disciplinary action, which may include, but is not limited to, loss of system access privileges, loss of clinical privileges, suspension and/or termination.

Please return to:

**Program Administrator
Student Research Training Program
Division of Diabetes, Endocrinology and Metabolism
Vanderbilt University Medical Center Room
7465 Medical Research Building IV
2213 Garland Avenue Nashville, TN 37232-0475**