



**COLD SPRING HARBOR LABORATORY**

Responsible Office: Business Development & Office of Technology Transfer  
One Bungtown Road  
Cold Spring Harbor , NY 11724

**CSHL EMPLOYEE, STUDENT, INTERN, VISITING SCIENTIST, CONSULTANT OR VOLUNTEER  
CONFIDENTIALITY AGREEMENT**

I acknowledge that during the course of performing my assigned duties and/or studies, work or volunteer activities at or for CSHL I may have access to, use, or disclose confidential health and behavioral information of people (including minor children) involved in CSHL research, I hereby agree to handle such information in a confidential manner at all times during and after my employment, studies or work at CSHL and I commit to the following obligations:

- A. I will use and disclose confidential health and behavioral information only within the approved protocol and only in connection with and for the purpose of performing my work and studies at CSHL.
- B. I will request, obtain or communicate confidential health and behavioral information only as necessary to perform my assigned work and studies at CSHL and shall refrain from requesting, obtaining or communicating more confidential health and behavioral information than is necessary to accomplish my assigned my work and studies at CSHL.
- C. I will take reasonable care to properly secure confidential health and behavioral information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.
- D. I will not disclose my personal password(s) to anyone without the express written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another’s password.

I understand that as an employee, student, intern, visiting scientist, consultant or volunteer of CSHL, the use and disclosure of health and behavioral information is governed by the rules and regulations established under HIPAA, the Health Insurance Portability and Accountability Act of 1996, and related policies and procedures of CSHL.

Therefore, with regard to health and behavioral information of people involved in CSHL research, I commit to the following additional obligations:

- A. I will use and disclose confidential health and behavioral information solely in accordance with the federal and CSHL policies set forth above or elsewhere. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.
- B. I will immediately report any unauthorized use or disclosure of confidential health and behavioral information that I become aware of to CSHL (Diane Esposito, Research Compliance Officer and John Maroney, CSHL In-House Counsel).

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement will result in being subject to appropriate disciplinary action, up to and including, termination of employment.

Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Distribution: (1) Original, signed by employee and witness, to Diane Esposito, CSHL Institutional Review Board; (2) copy to employee; (3) copy to CSHL In-house Counsel.