



**Confidentiality Agreement—Purchasing
Bidder Acknowledgment of Responsibility
to Maintain Confidentiality
of Medical Information**

Directions: This form is to be used whenever dealing with an outside bidder (current or potential vendor). Its contents should be entered into the HIPAA compliance system by your Privacy Liaison.

Read this page carefully and sign the confidentiality statement to confirm that you understand its content and will safeguard protected health information (PHI).

By virtue of your association with Hillsborough County as a potential bidder for _____, you may need to know and, therefore, may be informed of certain patient medical information that is necessary to respond to a competitive procurement process.

State law, and in some instances, federal law, mandates that protected health information be kept confidential unless the patient gives specific written authorization or unless compelled by court order or subpoena, or when certain other conditions are met for release of this information.

By signing this form, you acknowledge that you must maintain as confidential all protected health information regarding any patient which you obtain in conjunction with _____ (insert Bid or RFP No.), and you further acknowledge that you may not disseminate this information to or discuss the medical condition of a patient with any person except those persons directly necessary to the preparation of the response to Hillsborough County's procurement.

Breach of this confidentiality may result in monetary liability, civil and/or criminal penalties imposed by law. Once your response has been submitted to the County, the information will be returned to the County.

Name of Bidder's Company or Organization

Printed Name of Bidder's Authorized Representative

Signature of Authorized Representative
(Sign before Notary Public)

Title

Date Signed

Subscribed and sworn to (or affirmed) before me this _____
(Date)

(Official Notary Signature and Notary Seal) Commission Number _____

(Name of Notary typed, printed, or stamped) Commission Expiration Date _____