

Confidentiality Agreement

This agreement is entered into between the Nebraska Department of Health and Human Services (Department) and the _____ (Applicant) to provide confidential data to Applicant from the Division of Public Health for the stated purpose only as described in their request application and approved on _____.

Namely _____
(Title of Project)

Applicant acknowledges that they are receiving case specific and patient identifying information such as patient name, address, and other identifying information from the Nebraska _____ Registry.

Applicant acknowledges that if contact with the patient or patient’s family is required, the Department must first obtain the permission from the patient or patient’s family. No contact may be made until the Department advises Applicant that permission has been obtained.

Applicant acknowledges that strict confidentiality procedures will be maintained while such data is in their possession. Applicant states that only the following people will have access to the data:

If changes occur, Applicant will notify the Department of such changes.

Applicant acknowledges that no confidential information may be published and may not be re-released unless additional consent is obtained.

Applicant acknowledges that the database can not be re-released or re-sold.

Applicant acknowledges that at the completion of the research project, any patient identifying/record linking data will be destroyed.

Applicant acknowledges that the results of the research project which uses case specific and/or patient identifying data and/or geocoding must be submitted to the Department prior to any publication to allow for review and approval.

Applicant also agrees to acknowledge the Department and its medical record and health information registries in any publication utilizing the data resulting from this request. After approval for publication has been obtained from the Department, the Applicant will provide to the Division of Public Health of the Department a copy of the report.

Applicant acknowledges that Applicant is aware that any wrongful disclosure of confidential data obtained from the Nebraska Department of Health and Human Services or use of such information with the intent to deceive constitutes a criminal offense.

Applicant

Date