



**PURDUE UNIVERSITY
INADVERTENT DISCLOSURE
CONFIDENTIALITY AGREEMENT**

I inadvertently received or accessed information protected by the health Insurance Portability and Accountability Act of 1996. I understand that this information is confidential, and I shall not discuss, disclose, or give access to the confidential health information, except to return or destroy the information, in the manner requested by Purdue University.

Signed

Date

Printed

Entity

*** Please ask each person who has accessed the information referred to in this agreement to sign a copy of this agreement.*

*Please return the agreement(s) to:
**The Office of Legal Counsel
610 Purdue Mall
West Lafayette, IN 47907
FAX: 765-496-0340***