



**North Dakota Department of Health
Trauma Performance Improvement Meeting
Participant Confidentiality Statement**

I acknowledge that privacy and security are of great importance to anyone who uses or has access to individually identifiable health information or other confidential information that is created or maintained for or during the Trauma Performance Improvement Meeting. I agree that every individual who uses or has access to confidential information must recognize his or her responsibility to preserve the privacy and security of that information.

I agree that it is my responsibility to be knowledgeable about and to comply with the privacy rules and the laws and rules relating to the disclosure of confidential information.

I agree that I will not use or disclose confidential information verbally, electronically or in a written format unless I am authorized by state or federal law.

I understand that if I disclose confidential information, I may be subject to civil or criminal penalties and/or disciplinary action.

I agree not to access confidential information for any reason other than the performance of my duties for Trauma Performance Improvement.

I understand that I am legally obligated to continue to maintain confidentiality after I am no longer involved in the Trauma Performance Improvement meetings.

By signing this, I acknowledge that I have read, understand and will comply with this statement.

Employee's Name and Title (print or type)

Employee's Signature

Date

Facility or Agency – Please be specific