

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Vendor Registration Form

Case Manager Representative Information

Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Home #: _____ Cell: _____ Fax: _____

Email: _____

Corporate/Regional Company Address

Company Name: _____ Supervisor: _____

Address: _____

City/State/Zip _____

Supervisor's Phone #: _____ Fax #: _____

Email: _____

I have been oriented to and understand the new Vanderbilt University Medical Center vendor visitation procedures and I agree to market my service in accordance with these procedures:

_____ Case Manager Signature

_____ Vendor Liaison Signature

_____ Date

Vanderbilt University Medical Center Confidentiality and Access Policy

As a business partner of VUMC you may see, hear, or have access to "confidential information." The purpose of this agreement is to help you understand your duty regarding confidential information as described in this policy.

Measures must be taken so that all information captured, maintained, or utilized by VUMC and any of its off-site subsidiaries and affiliates can only be accessed by authorized users. VUMC has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information and all other types of confidential information. Patient information is confidential information regardless of how it is obtained, stored, utilized, or disclosed.

As a business partner, you are required to conduct yourself in strict conformance to all applicable laws and Vanderbilt University Medical Center policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties may result in the revocation of your authorization to do business with VUMC and may subject you to legal liability as well.

As a member of the Vanderbilt community, you may have access to and use confidential information in any or all of the following categories:

- Patient information (such as charts and other paper and electronic records, demographic information, conversations, admission/discharge dates, names of attending physicians, patient financial information, etc.)
- Information pertaining to members of the Vanderbilt community (such as salaries, employment records, student records, disciplinary actions, etc.)
- Vanderbilt University Medical Center information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary information including computer programs, source code, proprietary technology, etc.) and
- Third-party information (such as insurance, business contracts, vendor proprietary information source code, proprietary technology, etc.)

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Date:	Signature:
Print Name:	
Company Name:	
Company Address:	
Phone/fax:	

VUMC Confidentiality Agreement

As a condition of and in consideration of my use, access, and/or disclosure of confidential information, I understand and agree to the confidentiality requirements outlined in this agreement. I understand that these confidentiality requirements and my responsibility to protect the security of information apply to when I'm working from home or off-campus as well as at VUMC facilities.

1. I will access, use and disclose confidential information only as authorized and necessary to perform my contracted duties for VUMC. This means, among other things, that;
 - I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job and as in accordance with all applicable Vanderbilt policies and procedures and with all applicable laws;
 - I will report to the Privacy office any individuals or entities activities that I suspect may compromise the confidentiality of confidential information as prescribed in OP 10-40.01 "Confidentiality of Protected Patient Information.
2. I understand that it is my responsibility to be aware of VUMC privacy policies, and other policies that specifically address the handling of confidential information and misconduct that warrants immediate termination of my relationship with VUMC. I have reviewed and am familiar with these policies.
3. I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions may result in disciplinary action, including loss of system and information access privileges, as well as other appropriate disciplinary measures up to and including termination of affiliation with VUMC.

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Date:	Signature:
Print Name:	
Company Name:	
Company Address:	
Phone/fax:	

Last Revised: 6/16/2017