



# FSU College of Medicine Visitor/Guest Agreement for FSU and College Data

**Purpose:** This agreement governs the access to Private and Protected data (per FSU Data Classification Guide) at Florida State University’s College of Medicine (FSU CoM) by visitors and guests.

**Scope:** This agreement extends to all visitors and guests of the FSU CoM and their hosts.

**Agreement:** Data protection is critical to the mission of the FSU CoM. I understand that in the course of my visit with The Florida State University (“University”), I may be incidentally exposed to confidential, protected or personal health information in paper and/or in electronic form.

By signing below I agree to abide by data protection policies and laws including, but not limited to, Family Educational Rights and Privacy (FERPA), Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), and University and FSU CoM policies.

<b>Visitor/Guest</b>	In consideration of being admitted to FSU CoM facilities, all visitors and guests agree:	
	1) I will hold in the strictest confidence any confidential information that is disclosed to me.	
	2) I will not remove any document, equipment or other materials from the premises without FSU CoM’s written permission.	
	3) I will not photograph or otherwise record any information to which I may have access during my visit.	
	Visitor/Guest name:	Date:
	_____ Visitor/Guest Signature:	

<b>Employee/Host</b>	In consideration of being permitted to bring a visitor or guest into the FSU CoM, I will exercise due diligence to prevent any Private or Protected data, as designated by FSU’s data Classification Guide, to be exposed to any visitor or guest under my control.	
	Employee/Host name:	Date:
	_____ Employee/Host Signature:	
	Effective Dates - Beginning date: _____ End Date: _____	

**Once completed – Please return this form to the FSU CoM Compliance Officer**

*Revised July 2018*