

OPTN Volunteer Confidentiality Agreement

Please read the Confidentiality Agreement below carefully. By typing your full name in the signature field, you confirm that you understand and agree to the responsibilities outlined. Your typed name will serve as your legal signature and indicates your commitment to uphold the duties of an OPTN Board Director, Committee member, or volunteer.

Confidential Information

I understand and acknowledge that, being a member of the OPTN Board of Directors and/or an OPTN Committee or an OPTN Organ Specific Review Board (hereinafter collectively "OPTN Volunteer"), I may have access to extremely sensitive and confidential data and information, including, but not limited to, personally identifiable information regarding organ donors and recipients, and information shared through confidential medical peer review concerning institutions and medical personnel involved in organ transplantation, all of which constitute confidential information. For purposes of this Agreement, all such data and information obtained in my capacity as an OPTN volunteer are hereinafter referred to collectively as "Confidential Information." For the avoidance of doubt, all materials concerning policy-making are specifically excluded from the definition of Confidential Information.

I understand and acknowledge that I have no ownership right in or to any or all of the Confidential Information and my maintenance of the Confidential Information as confidential matter is required for the continued success of the national transplant system and its operations. I further understand and acknowledge that the Confidential Information may include sensitive medical data or information subject to federal or state confidentiality statutes and regulations.

In consideration of my being allowed access to Confidential Information and the other benefits made available to me as an OPTN Volunteer, I agree to the following:

- I will not, at any time, directly or indirectly, use, copy, or disclose or disseminate to any person or entity, nor will I, directly or indirectly, permit my servants, employees, agents, independent contractors or any other persons or organizations over which I have control to use, copy, or disclose or disseminate to any person or entity any portion or all of the Confidential Information except as necessary as determined by my responsibilities to perform my present duties to the OPTN.
- I will protect Confidential Information by using a reasonable degree of care.
- In no event will I use Confidential Information for my personal benefit, nor will I accept a position with any organization that would require me to use any Confidential Information in any manner.

Signature:

Your typed name will serve as your legal signature and indicates your commitment to uphold the duties of an OPTN Board Director, Committee member, or volunteer.

Date:

Please input today's date

Public Burden Statement: This collection includes Organ Procurement and Transplantation Network (OPTN) Board of Directors and committee member applications and forms. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 4.8 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.