



VOLUNTEER CONFIDENTIALITY AGREEMENT

THIS AGREEMENT is made and entered into this ____ day of ____, ____ (the "Effective Date"), by and between The Transverse Myelitis Association located at 1787 Sutter Parkway, Powell, OH 43065-8806 ("TMA"), and _____ ("Volunteer").

In connection with your volunteer work for the TMA, you will have access to information concerning the TMA's and/or its affiliates' business and operations including, but not limited to, information relating to the TMA's membership directory, patient information, research plans and results, donor information, accounts, funding, as well as strategic and business plans of the TMA, no matter how acquired ("Confidential Information"). You agree that you will always treat all Confidential Information received or accessed by you during the course of your work or volunteering as strictly confidential, and that you will not disclose or make accessible to anyone or use this information to any person other than an officer, director, employee or representative of the TMA, and only as may be necessary for performance of your work for the TMA. Both during and after the event or assignment, Volunteer will refrain from any acts that will reduce the value of Confidential Information to the TMA. Furthermore, you agree to comply with all applicable requirements relating to protection and confidentiality of patient information in accordance with the health information privacy standards promulgated under the Health Insurance Portability and Accountability Act of 1996 and, as well as all applicable laws.

This Agreement begins as of the Effective Date and will continue in effect as long as Volunteer works with the TMA. Termination of this Agreement will not affect any obligations of confidentiality. If TMA requests the Volunteer will promptly return all Confidential Information of a returnable nature including copies.

This Agreement shall be construed and enforced in accordance with the laws of the State of Ohio. The TMA and Volunteer have signed this Agreement as of the date set forth in the first paragraph.

By signing below, I certify that

⇒ I have joined to become a member of the TMA

⇒ I will not disclose any personal information I receive as a volunteer

Signature, Name, Address and Contact of Volunteer

Chitra Krishnan | Executive Director | The Transverse Myelitis Association | 1787 Sutter Parkway, Powell, OH 43065-8806