



Participation & Confidentiality Agreement

I agree to participate in the HFA Blood Brotherhood Program. As a participant, I understand and agree to attend all HFA Blood Brotherhood activities, to the best of my ability.

I understand and agree that I will be required to complete a pre- and post-participation survey which may include personal data and information. I understand and agree that information provided in these surveys may be utilized by HFA, in a non-identifiable and confidential manner, in order to provide documentation and data for grant funding and program evaluation purposes.

I understand the need for and I agree to protect the confidentiality of any and all personal information shared by all participants during HFA Blood Brotherhood Activities in which I am involved.

I also understand the importance of all participants feeling comfortable in sharing personal information within a HFA Blood Brotherhood Group.

I agree to maintain the confidentiality of any and all personal information shared by participants.

Confidentiality

I understand that HFA wishes to insure the comfort level of participants in sharing information so they can structure the presentations to include their personal information if desired. I understand that Confidentiality is required to be maintained and will be observed in all HFA Blood Brotherhood Activities

I understand and agree that I will not discuss personal information about my peers learned during any HFA Blood Brotherhood activities. I also agree that I may not discuss any personal information learned with any individual, entity or representatives of any Pharmaceutical Company, HTC, Homecare Provider, Pharmacy or other Healthcare Provider.

Participant Name

Date

HFA Blood Brotherhood Pilot Site Program Coordinator

Date