**PEPFAR SIMS Site Visit Confidentiality Agreement**

*To be signed* ***once*** *by all USG staff participating in SIMS assessments prior to SIMS implementation and should be stored by an agency point of contact responsible for personnel involved in SIMS visits.*

1. I will, to the extent allowable by law, maintain the confidentiality of any patient names or other patient identifiers, such as dates of birth, places of residence, and addresses, that I may see as part of an in-person or remote PEPFAR SIMS Site assessment.

2. I will review patient registers and any other record with patient names or other patient identifiers in a private place, or in such a manner as will protect patient confidentiality.

3. I will not record any patient names or other patient identifiers.

4. I will discuss any questions that I have related to the review of patient records with other Site visit staff only in a private place, or in such a manner as will protect patient confidentiality.

5. To the extent allowed by applicable law, I will not disclose the names or other personal identifiers of the staff of the site or Implementing Partner (IP) staff. In addition, I will only store site and IP identifiable information related to the SIMS assessment in secure data management systems.

6. These provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_