



August 27, 2019

Dear FORESIGHT Partners:

Thank you for agreeing to work with us on our FORESIGHT project and interviewing individuals about their general health and well-being. Our work is exploratory and tests new and evolving approaches to healthcare transformation. We are excited about what these collective stories will teach all of us.

Maintaining the confidentiality of interviewees is important to this process. This includes avoiding collecting any information that may be considered protected under HIPAA, the federal law that governs health data privacy. By avoiding the collection or use of information which can be used to identify the interviewees, their health story is *not* considered Protected Health Information (PHI) under HIPAA and can be shared – which is what we all want!

We have developed instructions to protect confidentiality, which are contained in this letter. They are also contained in a companion document "Instructions for Interviewers" (see Attachment A). Please ensure that any of your staff, contractors or volunteers who are acting as interviewers have read and comply with it.

- The first step in gathering individual stories is to ensure that consent is obtained by your staff, contractors and/or volunteers who will act as the listener or interviewer. We have created a consent form that will either appear as a first screen in the SenseMaker application and weblink; this consent form may also be printed out in hard-copy (see Attachment B) and given to the interviewee to read and acknowledge before the interview begins.
- If at any time the interviewee wishes to stop the interview or wants to exclude any information that is provided, please ensure that those wishes are honored.
- While obtaining the stories of individuals, your organization may be privileged to sensitive health information. In telling their stories, interviewees may also provide information that identifies them (such as name, address, phone number, driver's license number, email and the like). However, our work does not use or involve any "individually identifiable health information" under HIPAA. Therefore, if:
  - any identifiable information is disclosed, please ensure that it is not entered into SenseMaker or otherwise stored electronically or physically,
  - there is any doubt whether information could be used to identify the individual, please do not enter that information into SenseMaker, and
  - any notes, audio files, or documents – even if they do not contain identifiable information – are produced as part of the interview, please email those documents/files to Katy Evans Pritchard at [kpritchard@rippelfoundation.org](mailto:kpritchard@rippelfoundation.org) and then destroy your copies. (Details on this process were provided as part of the Listener Training sessions on August 27<sup>th</sup> and September 3<sup>rd</sup>.)

Finally, we request that your organization upholds the same level of security and confidentiality that we do, such that any information - verbal, written, electronically, or otherwise - shared or learned while working with us on the project is considered confidential. We therefore ask you to agree to:

- use the same degree of care that your organization would use to protect and prevent disclosure of its own confidential information, and
- not directly or indirectly reveal, publish, disclose, or transfer any confidential information to any person or entity outside of the project without our prior written consent unless obligated by law.

The data that is collected through SenseMaker may be stored and shared with FORESIGHT partners for ten years (until 2029). Due to the nature of the systems, and the fact that no identifiable information is collected, once the data has been entered, it cannot be removed.

To acknowledge your willingness to work with us as set forth above, please sign below and return a copy at your earliest convenience. If you have any questions, please let us know.

We are grateful for your participation in this effort and look forward to working and learning with you!

Best regards,  
Lindsey Alexander  
FORESIGHT Project Director

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On behalf of Fort Bend County, I agree to the terms set forth above:  
Organization name

KP George   
Name

County Judge  
Title

9-24-2019  
Date

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Fannie E. Rippel Foundation  
Morristown, NJ United States

Certificate Number:  
2019-543751

Date Filed:  
09/24/2019

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

Date Acknowledged:  
09/25/2019

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

FORESIGHT  
FORESIGHT Confidentiality Agreement

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)