

**EXHIBIT B (Access for a Limited Purpose)**

**ACKNOWLEDGMENT AND AGREEMENT TO BE BOUND**

I understand that I have been granted access to Member and Fee Payer Information by the Minnesota Nurses Association for the following limited purpose:\_\_\_\_\_ . I agree to use the Member and Fee Payer Information I am given only for that purpose. In addition, I hereby acknowledge that I have received, reviewed, and fully understand the MNA Board of Directors Policy entitled Protection of MNA Member and Fee Payer Information ("Policy"). I agree to be bound by, and comply with, said Policy in all respects, and I understand that failure to do so may result in the consequences described in Section III of that Policy.

Dated: \_\_\_\_\_

Printed Name:\_\_\_\_\_

Signed:\_\_\_\_\_