

## **CONFIDENTIALITY STATEMENT**

It is the responsibility of all Agency employees to preserve and protect confidential Agency, client and employee medical, personal and business information and, thus, shall not disclose such information except as authorized by law, client or individual.

Confidential Client Information includes, but is not limited to any identifiable information about a client's and/or his/her family including, but not limited to:

- medical history;
- mental, or physical condition;
- treatments and medications;
- test results;
- Conversations;
- financial information; and,
- household possessions.

Confidential Employee information includes, but is not limited to:

- contact information i.e. telephone number(s); address, email address;
- names of spouse and/or other relatives;
- Social Security Number;
- performance appraisal information;
- health status and treatments; and,
- other information obtained from their personnel files which would be an invasion of privacy.

Confidential business information includes, but is not limited to:

- any information that, if released, could be harmful to the Agency; and,
- any financial information including accounts receivable, accounts payable and payroll.

I acknowledge that:

1. I understand that it is my legal and ethical responsibility to protect the security, privacy, and confidentiality of all client records, Agency information and other confidential information relating to the Agency, including business, employment and medical information pertaining to clients, their families and employees.
2. I will only discuss confidential information during the performance of my duties and only for job related purposes and shall take caution to ensure such conversations are not within hearing range of anyone who is not entitled to have this information
3. I shall respect and maintain the confidentiality of all discussions, conversations, and any other information generated while providing service to clients in connection with individual client service, risk management and/or peer review activities.
4. I shall not disclose the content of any discussions, deliberations, client records, peer reviews or risk management information, except to persons authorized to receive such information, while conducting Agency business.
5. I shall only access or distribute client care information when executing my job duties or when required to do so by law.
6. I will only access records on a "need-to-know" basis in the performance of my duties.

7. I will not share my Login or User ID and password for accessing electronic records with anybody. If I believe someone else has used my Login or User ID and/or password, I will immediately notify the Supervisor.
8. I will only use mobile computing devices, with Agency approval, AND providing they are encrypted with an approved data encryption solution before using them for any Agency-related business. I understand that I may be personally responsible for any breach of confidentiality resulting from unauthorized access due to hacking or other means to Agency information stored on my unencrypted device
9. I understand that the Agency will undertake measures to determine if client and employee records have been accessed without authorization.
10. I understand that state and federal laws/regulations governing a client's right to privacy, the illegal or unauthorized access or disclosure of client's confidential information may result in disciplinary action up to and including immediate termination from my employment and possible civil fines and criminal sanctions.
11. I understand that I am obligated to maintain these confidentiality after my employment with this Agency ceases.

I hereby acknowledge that I have read and understand the above mentioned information and that my signature below indicates my agreement to comply with these terms.

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Signature

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Date