

CLIENT/VENDOR CONFIDENTIALITY ACKNOWLEDGMENT

I understand that while performing my official duties I may have access to information that is classified as either confidential or sensitive or protected health information. Confidential information is information that identifies an individual or an employing unit. Sensitive information may be financial or operational information that requires the maintenance of its integrity and assurance of its accuracy and completeness. Protected Health Information (PHI) means individually identifiable health information that is transmitted or maintained in any form or medium. Confidential, sensitive, protected health information is not open to the public. Special precautions are necessary to protect this type of information from unauthorized access, use, modification, disclosure, or destruction.

I agree to protect the following types of information:

- Client information (such as, disability insurance claimants, recipients of public social services, participants of state/federal programs, employers, etc.)
- Wage earner information
- All data elements described as protected health information in HIPAA (Section 164.514)
- Information about how automated systems are accessed and operate.
- Any other proprietary information.
- Operational information (instructional manuals)

I agree to protect confidential and sensitive and PHI by:

- Accessing, using, or modifying confidential and/or sensitive and/or PHI only for the purpose of performing my official duties.
- Never sharing passwords with anyone or storing passwords in a location accessible to unauthorized persons.
- Never accessing or using confidential and/or sensitive and/or PHI out of curiosity, or for personal interest or advantage.
- Never showing, discussing, or disclosing confidential and/or sensitive and/or PHI to or with anyone who does not have the legal authority or the "need to know".
- Storing confidential and/or sensitive information in a place physically secure from access by unauthorized persons.
- Never removing confidential and/or sensitive and/or PHI from the work area without authorization.
- Disposing confidential and/or sensitive and/or PHI by utilizing an approved method of destruction, which includes shredding, burning, or certified or witnessed destruction. Never disposing such information in the wastebaskets or recycle bins.

Penalties

Unauthorized access, use, modification, disclosure, or destruction is strictly prohibited by state and federal laws.. The penalties for unauthorized access, use, modification, disclosure, or destruction may include disciplinary action and/or criminal or civil action.

reserves the right to monitor and record all network activity including e-mail, with or without notice, and therefore users should have no expectations of privacy in the use of these resources.

"I certify that I have read and understand the Confidentiality Statement printed above."

Print Full Name (first, middle initial, last)

Signature

Witness

Date

Date Signed