



Employees' Confidentiality Statement

This is to acknowledge that the Department of Health and Human Services, or its designee, has explained the following to me:

I am signing this form to acknowledge that the Department of Health and Human Services, or its designee, has explained to me the necessity of and legal requirement to keep client information confidential and to make sure that my access to confidential information is restricted to that whatever is needed to perform my job-related tasks. I have received training about confidentiality, and I acknowledge that I am responsible for knowing what information is by law, statute and rule required to be held confidentially. I am responsible for knowing what confidential information is necessary for me to perform my job-related tasks here in the department. By signing this form, I agree to meet the requirements of those laws at all times during and after my employment, for as long as I hold or have access to any confidential information.

This information may be related to any individual receiving services from or through any program administered or funded by any entity of the Department of Health & Human Services.

I understand that seeking, obtaining, receiving, retrieval or dissemination by me of any such information, whether retrieved or derived from paper or computer sources or in any other manner, except in the course of and for the purposes of performing my duties, is expressly prohibited.

In the situation where I inadvertently discover confidential information in client records, either paper or computer or any other manner, concerning individuals to whom I am related or have a personal relationship, I shall immediately terminate my access to this information. I will make my supervisor aware of the incident of inadvertent access.

If I have any questions regarding any aspect of confidentiality, I understand that I should consult my supervisor.

Please Note: FAILURE TO ADHERE TO THE CONFIDENTIALITY PROVISIONS OF STATE LAW MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

I understand that the unauthorized disclosure of confidential information may also result in civil or criminal penalties as set out in law.

Date

Employee Name (Print)

Employee Name (Sign)

Witness Name (Print)

Witness Name (Sign)

Distribution: Original: Return to Personnel for employee's personnel file.
Copy: Employee Copy:
Supervisor's fact file