

PINELLAS COUNTY GOVERNMENT
PINELLAS COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (PCHHS)
HIPAA EMPLOYEE CONFIDENTIALITY AGREEMENT

Applies to all PCHSS employees, temporary staff, volunteers, trainees, outsourced staff, and other persons whose conduct in the performance of work for a Covered Entity (PCHHS), is under the direct control of such entity, whether or not they are paid by the covered entity
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The American Recovery and Reinvestment Act of 2009 (ARRA) signed into law on February 17, 2009 created The Health Information Technology for Economic and Clinical Health Act (HITECH) which significantly expands the privacy and security requirements under the Health Information Portability and Accountability Act (HIPAA).

I understand and acknowledge that: during the course of performing my assigned duties for the PCHHS I may have access to, use, or disclose Protected Health Information (PHI), I hereby agree to handle such information in a confidential manner at all times during and after my employment and commit to the following obligations:

- A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties.
- B. I will request, obtain, or communicate PHI only as necessary to perform my assigned duties and shall refrain from requesting, obtaining, or communicating more health information than is necessary to accomplish my assigned duties.
- C. I will take all reasonable care to properly secure PHI on my computer and will take steps to ensure that others can not view or access such information. When I am away from my workstation I will lock my workstation in order to prevent access by unauthorized users.
- D. I will not disclose my personal password(s) to anyone without the express written permission of my Department head or post it in an accessible location and I will refrain performing any tasks using another's password.

I understand that as a member of the workforce of PCHHS, the use and disclosure of PHI is governed by the rules and regulations under HIPAA. Therefore with regard to PHI, I commit to the following additional obligations:

- A. I will use and disclose PHI solely in accordance with the federal and PCHHS policies.
- B. I will immediately report any unauthorized use or disclosure of PHI that I become aware of to the PCHSS HIPAA Privacy Officer.

I acknowledge that I have been trained in the requirements of the privacy provisions of HIPAA and the breach provisions of HITECH. I understand that the HIPAA law itself provides for criminal penalties for its violation and I also understand and agree that my failure to fulfill any of the obligations set forth in this agreement and/or my violation of any terms of this agreement shall result in my being subject to appropriate disciplinary actions under County Personnel Rules and Policies.

Signature

Date

Print Name

Employee # (if known)