

Employee Confidentiality Agreement

I acknowledge that during the course of performing my assigned duties at _____ I may have access to, use, or disclose confidential health information. 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:

- I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties.
- I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties.
- I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.
- I will not disclose my personal password(s) to anyone without the express written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another's password.
- I will document all disclosures of confidential health information, including those authorized by clients of _____ and any accidental disclosures, in the appropriate client's file.

I understand that as an employee of _____, I have an obligation to complete client confidentiality or Health Insurance Portability and Accountability Act (HIPAA) training on an annual basis, and in signing this agreement, I confirm that I have completed confidentiality training within the past twelve months.

I also understand and agree that my failure to fulfill any of the obligations set forth in this agreement or my violation of any terms of this agreement shall be subject to appropriate disciplinary action, up to and including, termination of employment.

Signature — Employee: _____

Name — Employee (printed): _____ Date signed: _____