



# Confidentiality Agreement and Policy and Procedure Acknowledgement

As an employee of Cobb & Douglas Public Health (CDPH), and as a condition of my employment, I acknowledge the following terms and am aware I will be held accountable for my conduct in accordance with the following:

1. I will comply with all CDPH policies/procedures, and employee handbook which are available to me on the CDPH Intranet.
2. I will follow the highest ethical standards in the performance of my duties, in keeping with the CDPH Code of Ethics and Conflict of Interest Policy.
3. I will follow the agency's privacy and security policies and procedures developed pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regardless of whether I work in a program that is designated as being "covered" by HIPAA.
4. I understand in the performance of my duties, I may have access to and become involved in the collection and review of confidential health care information, including personally identifiable and patient care information. Confidential information is any information about an identifiable person or establishment, whether spoken, written or electronic, pertaining to an individual or an individual's condition. This includes such information as a client's name, social security number, address, medical, social, financial data and services received. I understand any information that I am exposed to because of my job duties or my work environment is always to be held confidential, whether at work or off-duty. I understand that by breaching confidentiality and security, I will subject myself to disciplinary action up to and including termination. Additionally, violations could result in legal actions being filed against me personally as well as against CDPH.
5. I will not share information with any person that may result in an unfair advantage to an entity seeking to contract with CDPH. I will safeguard information about actual or potential contracts, vendors, and contractors, and will not show favoritism or prejudice toward any actual or potential contractors or vendors.
6. I will always demonstrate respect for my supervisors, co-workers, and members of the public for which CDPH serves.
7. I agree to keep my computer passwords and log-in credentials private, log out of any programs with confidential information as soon as any necessary work is completed and to comply with all current and future laws, policies, and protocols concerning the computers. I also recognize that use of computers to obtain information concerning clients, patients, customers or other employees for non-work-related reasons is prohibited.
8. Upon separation from my work with CDPH, I agree to continue to maintain the confidentiality and privacy of any information I learned or had access to while employed. I agree to turn over any keys, access cards, or any other device that would provide access to CDPH or its information.

I understand that any violation of this agreement could result in disciplinary action, including dismissal from my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_