

BAY COUNTY HEALTH DEPARTMENT
STATEMENT OF CONFIDENTIALITY

I have read the Bay County Health Department Client Information Confidentiality Policy (IM 6) and understand and agree to abide by it.

I understand that I am required to maintain confidentiality of all contacts, interactions and information that I obtain, however learned, regarding Bay County Health Department clients both during and after my employment, be it through County employment, contract, by appointment, internship, or volunteering at the Bay County Health Department.

Furthermore, I understand that confidential information includes, but is not limited to, any client identifiable information such as: hard-copy records, electronic records, client visits, clinic visits, and telephone conversations.

I understand my responsibility regarding confidentiality and security of the client's protected health information, in accordance with HIPAA Security and Privacy Rules, and understand that I will not release any client information without the informed consent of that client or his/her legal representative, unless otherwise required by court order, federal, state or local monitoring agencies.

I understand that I will not release or disclose any client information, under any circumstances, in accordance with the Bay County Health Department policies, and State of Michigan laws regarding HIV/STD infection or HIV/STD status.

I further understand that any violation of this policy may result in disciplinary action up to termination of employment.

Employee Signature

Date

Witness

Date