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| ARKANSAS DEPARTMENT OF HEALTHConfidentiality AgreementAs a volunteer/student/extra help employee with privileges at the Arkansas Department of Health (ADH), you may have access to Private Information (PI) which includes Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or other confidential information protected by Arkansas and federal law. The purpose of this Agreement is to help you understand your duty regarding PI.PI includes information not only about patients but also about members of the ADH workforce and other students and volunteers. You may learn of or have access to PI through a computer system or through your activities at ADH. You must receive training prior to having contact with PI.As a volunteer/student/extra help employee, you are required to conduct yourself in strict conformance to applicable laws and ADH policies governing PI. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will result in termination of your association with ADH and possible legal liabilities or fines. As a volunteer/student/extra help employee, you may have access to PI relating to:* Patients (records, conversations, admittance information, financial information, etc.)
* Workforce/volunteers/students (salaries, employment records, disciplinary actions, etc.)

Accordingly, as a condition of and in consideration of your access to PI, you agree to the following:1. You will use PI only in conformity with ADH policies as needed to perform your legitimate duties as a volunteer/student/extra help employee affiliated with ADH. This means, among other things, that:A. You will only access PHI for which you have a need to know, andB. You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any PI except as properly authorized within the scope of your professional activities affiliated with ADH, andC. You will not misuse PI or wrongfully disclose PI.2. You will safeguard and will not disclose any access code that allows you to access confidential information.3. You will immediately report activities by any individual or entity that you suspect may compromise the confidentiality of PI to your supervisor or the ADH Privacy Officer at (501) 661-2000. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law.4. You understand that obligations under this Agreement will continue when you are no longer a volunteer or assigned to an ADH work unit.5. You will be responsible for your misuse or wrongful disclosure of PI and for your failure to safeguard your access code or other authorized access to PI. I have read, understand and agree to abide by the terms of the above Confidentiality Agreement. |
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|  Volunteer/Student/Extra Help Employee Signature |  | Date |
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|  Printed Name |  | Date of Last Service |

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