Confidentiality Statement

All patient Protected Health Information (PHI—which includes patient medical and financial information), employee records, financial and operating data of Kittitas County Public Health Department (KCPHD), and any other information of a private or sensitive nature are considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted by the KCPHD privacy officer or designee. Applicable federal {Health Information Portability and Accountability Act, (HIPAA) 1996} and state laws shall be followed to seek patient permission for any use or disclosure of PHI. Examples of inappropriate disclosures include:

- Discussing or revealing confidential information to friends or family members.
- Discussing or revealing confidential information to other coworkers or employees without a legitimate need to know.
- The disclosure of a patient’s presence in the KCPHD office or any other medical facility, without the patient’s consent, or a disclosure that may indicate the nature of the illness and jeopardize client confidentiality.

The unauthorized disclosure of confidential information can subject an individual and the individual’s employer to liability. Disclosure of confidential information to unauthorized persons, unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, may result in immediate removal from the premises and/or revocation of current and future visiting/working privileges of the individual and/or company, and may lead to legal action and/or a duty for the individual to mitigate damages.

Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that client PHI and other confidential or proprietary information of Kittitas County Public Health Department which I may see or hear or otherwise gain knowledge of in the course of my work with Kittitas County Public Health Department is to be kept confidential, and this confidentiality is a condition of my work with Kittitas County Public Health Department. This information shall not be used or disclosed to anyone unless specifically authorized by Kittitas County Public Health Department. The unauthorized use or disclosure of patient PHI is possible grounds for: immediate removal from the premises; revocation of all future visiting/working privileges; legal action; and/or a duty to mitigate damages.

Print Name____________________________________________ Date_______________________________

Signature__________________________________________________