

## Calhoun County Public Health Department Confidentiality and Information Access Agreement

---

The Calhoun County Public Health Department (CCPHD) is dedicated to safeguarding and maintaining the confidentiality, integrity, and availability of our patient, employee, and organizational information (collectively “Confidential Information”). Patient information includes protected health information (PHI) that is any personal, employment-related, or medical information relating to a patient’s treatment, payment, or health care operations of organization as determined through observation, conversation with a patient or other medical staff, and/or information which is created and/or stored in any information system. The confidentiality, integrity, and availability of PHI must be maintained at all times.

This Confidentiality and Information Access Agreement (“Agreement”) is required to be read, signed, and complied with by all users that access any of organization information systems as a condition of access to any information system. The information system user signing this Agreement may only access, use, and disclose Confidential Information in any medium as needed to perform his/her job responsibilities as allowed by law, organization policies and procedures, and/or as agreed upon between said user and the CCPHD

1. I understand and agree that I must safeguard and maintain the confidentiality, integrity, and availability of all Confidential Information I use, disclose, and/or access at all times, whether or not I am at work and regardless of how it was accessed. I will follow the CCPHD’s policies, procedures, and other privacy and security requirements.	7. I will not download any software program onto CCPHD’s equipment without prior written approval.
2. I will only access, use, and/or disclose the minimum necessary Confidential Information needed to perform my assigned duties and disclose it to other individuals/organizations who need it to perform their assigned duties or as allowed by law. PHI is specifically protected, by law, from further disclosures without prior authorization.	8. I understand that access to all the CCPHD Information Systems including Email and Internet are intended for business usage.
3. I will not access my own or my family’s record in any information system without prior authorization (unless required to perform your job responsibilities).	9. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved privacy and security standards.
4. I will not disclose any Confidential Information with others who do not have a need to know it.	10. I will never use tools or techniques to break/exploit security measures.
5. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.	11. I will never connect to unauthorized networks through the CCPHD’s systems or devices.
6. I will not download any Confidential Information off information systems to store or use it on any other system or computer diskettes, compact discs, digital video discs, zip discs, other portable media, etc. or removable storage devices such as removable USB flash discs, except in situations whereby explicit approval to do so has been granted. If I received approval to download data, I will assume sole and absolute responsibility to manage and protect it.	12. I understand that I have neither ownership interest nor expectation of privacy in any information accessed or created by me during my relationship with the CCPHD. The CCPHD may audit, log, access, review, and otherwise utilize information stored on or passing through its systems for many reasons, including to maintain the confidentiality, security, and availability of Confidential Information.

\_\_\_\_\_  
Employee/Associate Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature