

Confidentiality Agreement

“Confidential Information” is any information in any media that is not generally known to the public and cannot be readily obtained by proper means by the general public. Confidential information includes, but is not limited to, (1) information relating to the mental or physical health of an individual or individuals, (2) names and other identifying information about individuals, (3) financial details of an organization or individual, and (4) background or personal information told in confidence.

I, the undersigned, recognize that my work with **[Program/Project Name]** requires considerable responsibility and trust. I understand that I may be entrusted with sensitive and confidential information in the course of my field visits.

I agree not to improperly use or disclose any Confidential Information that is disclosed to me as a result of my working with **[Program/Project Name]**. I agree to bring any questions or concerns about this agreement directly to the Care Coordinator, **[Coordinator Name]**.

Name _____

Signature _____ Date _____

Care Coordinator Name: _____

Care Coordinator Signature: _____ Date: _____

Confidentiality and Personal Health Information Protections Agreement

I understand that the [Program/Project Name] has a legal responsibility to protect patient privacy. This means that all Protected Health Information (PHI) must be protected in all its forms. Within my position as Migrant Health Promoter, I understand that I will be in contact with, see or hear about confidential patient information.

By signing this agreement, I understand and agree that:

- I will follow the [Program/Project Name] Confidentiality and Personal Health Information Protections Policy
- I will provide to the patient information about how their PHI will be used and safeguarded during their participation in Bridges.
- I will secure patient records with the appropriate locks and safeguards to protect them from misuse or inappropriate disclosure.
- I will keep records of disclosures and releases of a patient's PHI.
- I will disclose patient information only to those entities that the patient has identified.
- I will dispose of PHI according to the current Policies and Procedures
- I will verify fax and phone numbers before sending or calling with PHI and include a clear confidential cover sheet for faxes
- I will not send PHI via email unless I am able to encrypt (and dycrypt) email messages in a way that is approved of by HIPAA regulations
- I will keep keys and combination codes to patient record storage locations in private and safe locations.
- I will consult my supervisor if I am unclear about whether certain PHI is necessary.
- I will inform my supervisor of any accidental or willful disclosure of PHI. Upon leaving this position, I will continue to uphold the agreements in this document.

I understand that non-compliance could result in disciplinary action including termination of my employment as well as civil and criminal penalties if HIPAA laws are violated intentionally or not.

I have read the above agreement and upon signing below, agree to maintain patient confidentiality and follow HIPAA law as it applies to me and my position.

Signature: _____ Position: _____

Print Your Name: _____ Date: _____

Confidentiality and Personal Health Information Protections Policy

[Program/Project Name] requires that all employees and volunteers are cognizant of their responsibilities as they relate to the privacy and security of medical records and Protected Health Information (PHI). All staff is required to:

- Provide information to the client about how their PHI will be used and safeguarded during their participation in Bridges.
- Secure client records with the appropriate locks and safeguards to protect them from misuse or inappropriate disclosure.
- Keep records of disclosures and releases of a client's PHI.
- Disclose PHI only to those entities that the client has identified and has given verbal or written permission for the same. (including employers or volunteers)
- Keep keys and combination codes to client record storage locations in private and safe locations.
- Only access or view client information that is required in performing the job and consult his/her supervisor if unclear about whether certain PHI is necessary.
- Encrypt any and all electronic documents that contain PHI.
- Implement an automatic screen saver on computers containing PHI after 2 minutes that requires a passcode to re-enter.
- Dispose of paper PHI by shredding, burning, pulping, or pulverizing the records so that PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed.
- Dispose of electronic PHI by, clearing (using software or hardware products to overwrite media with non-sensitive data), purging (degaussing or exposing the media to a strong magnetic field in order to disrupt the recorded magnetic domains), or destroying the media (disintegration, pulverization, melting, incinerating, or shredding).
- Verify fax and phone numbers before sending or calling with PHI and include a clear confidential cover sheet for faxes
- Only send PHI via email that is encrypted. If staff is not set up to encrypt and decrypt email messages staff is not permitted to include PHI in emails.
- Report accidental or willful disclosure of PHI to supervisor
- Upon leaving this position, continue to uphold the agreements in this document.

All employees are to read and agree to the Confidentiality and Personal Health Information Protections Policy and have signed a document that demonstrates the understanding that non-compliance could result in disciplinary action including termination of employment.

Consent for Use and Disclosure of Health Information and Coordination of Health Services

Purpose of Consent: The purpose of the disclosure authorized herein is to: Coordinate any and all requested access to health care services to ensure continuum of your care and quality of services. By signing this form, you will consent to our use and disclosure of your protected health information to support health care entities with whom we collaborate to carry out treatment, payment activities and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our notice provides a description of our services and the uses and disclosures we may make of your protected health information and of other important matters about your protected health information. A copy of our notice accompanies this consent. We encourage you to read it carefully and completely before signing this consent.

Right to Revoke: You will have the right to revoke this consent at any time by giving us written notice of your revocation submitted to **[Program/Project Name]**. Please understand that revocation of this consent will not affect any action we took in reliance on this consent before we received your revocation and that we may decline to continue serving you if you revoke this consent.

I have had full opportunity to consider the contents of this consent form and your Notice of Privacy Practices. I understand that, by signing this consent form, I am giving my consent to your use and disclosure of my protected health information as deemed necessary by Bridges to health to support my access to health care services.

I, _____, authorize **[Program/Project Name]** to disclose and exchange information necessary to coordinate access to health services for me.

Restrictions to Authorization: _____

For all dates of care or (list specific dates)

Client Name

Client Signature

Date

Signature of Parent, Guardian or
Authorized Representative (when required)

Notice of Privacy Practices

[Program/Project Name] Case Management and Outreach Services Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

You should read this Notice before signing the **Consent for Use and Disclosure of Health Information and Coordination of Health Services**.

Our responsibility to safeguard your Protected Health Information (PHI)

PHI refers to individually identifiable information about your health or condition, past present, or future. This may be information that is written, printed, recorded, photographed, or spoken. This notice explains how, when and why we may use or disclose any of your PHI to accomplish the purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices of this Notice at any time. If we change our privacy practices we will issue a revised Notice of Privacy Practices and identify the changes.

How we may use and disclose your Protected Health Information

Our organization use and disclose PHI for a variety of reasons. For most uses/disclosures, we must obtain your consent. For others we must have your written authorization. The purpose of our use and disclosure of your PHI is always to coordinate any and all health care services you have requested to ensure continuum of your care and quality of services. We use and disclose Protected Health Information to support health care entities that you have identified as your health care service providers to carry out treatment, payment activities and healthcare operations.

- Use and Disclosures Relating to Treatment, Payment, or Health Care Operations. We must have your consent to use and/or disclose your PHI
- For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care.
- To support payment. We may use/disclose your PHI in order to support the billing and collection of payment for your health care services by the health care entities who have provided health care services to you.
- For health care operations: We may use/disclose your PHI to agencies you have identified to determine your eligibility for publically funded services.
- Mailings: Unless you provide us with alternative instructions, we may send health care forms, consents, and appointment reminders to your home via the postal service
- Exceptions: Although your consent is usually required for the use/disclosure of your PHI for the activities described about, the law allows us to use/disclose your PHI without your consent in certain situations. For example, we may disclose

your PHI if needed for emergency treatment if it is not reasonably possible to obtain your consent prior to the disclosure and we think that you would give consent if able. Also, while we will always attempt to receive written consent for the use/disclosure of your PHI, if necessary to support you in accessing health care services, we may ask for your verbal consent via phone for the use/disclosure of your PHI and request your signature at a later date.

- Uses and Disclosures Not Requiring Consent or Authorization: The law provides that we may use/disclose your PHI without consent or authorization in the following circumstances:
 - When required by law. We may disclose PHI when the law requires that we report information about suspected abuse, neglect, or domestic violence or relating to suspected criminal activity or in response to a court order. We must also disclose PHI to authorities who monitor compliance with these privacy requirements.
 - For health oversight activities: We may disclose PHI within our organization, the protection and advocacy agency or other agency responsible for monitoring the health care system for activities such as reporting or investigation on unusual incidents.
 - Relating to decedents: We may disclose PHI relating to an individual's death to coroner, medical examiners or funeral directors.
 - For research purposes. In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our central office in order to assist medical/psychiatric research
 - To avert threat to health or safety. In order to avoid a serious threat to health or safety we may disclose PHI as necessary to law enforcement or other persons who can reasonable prevent or lessen the threat of harm.
- Uses and disclosures requiring you to have an opportunity to object: In the following situation, we may disclose your PHI if we inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclose as soon as you are able to do so.
- To families, friends, or others involved in your care: We may share with these people information directly related to your family's friends or other persons involvement in your care or payment for you care. We may also share PHI with these people to notify them about your location, general condition, or death.

Your rights regarding your protected health information: You have the following rights relating to your PHI:

- 1) To request restrictions on uses/disclosures
- 2) To choose how we contact you

- 3) To inspect and copy your PHI
- 4) To request an amendment of your PHI
- 5) To find out what disclosures have been made
- 6) To receive this notice

Policy on the Protection of PHI

[Program/Project Name] requires that all employees and volunteers are cognizant of their responsibilities as they relate to the privacy and security of medical records and Protected Health Information (PHI). All staff are required to:

- Keep records of disclosures and releases of a clients' PHI.
- Disclose client information only to those entities that the patient has identified and has given verbal or written permission for the same.
- Secure client records with the appropriate locks and safeguards to protect them from misuse or inappropriate disclosure.
- Keep keys and combination codes to patient record storage locations in private and safe locations.
- Only access or view patient information that is required in performing the job duties.
- Encrypt any and all electronic documents that contain PHI.
- Implement an automatic screen saver on computers containing PHI after 2 minutes that requires a passcode to re-enter.
- Upon leaving this position, continue to uphold the agreements in this document.

How to complain about our privacy practices:

If you think we may have violated your privacy rights, or you disagree with the decision we made about access to your PHI, you may file a complaint with [Name, Address, Telephone Number].

Effective Date: [Date]