



**EMPLOYEE CONFIDENTIALITY AGREEMENT OF
Lake County Board of County Commissioners**

I, _____, have received the Lake County Board of County Commissioner's policies regarding the privacy of individually identifiable health information (or protected health information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that I have received training in the Lake County Board of County Commissioner's policies concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my employment or compensation from the Lake County Board of County Commissioners I hereby agree that I will not at any time – either during my employment or association with the Lake County Board of County Commissioners or after my employment or association ends – use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with the Lake County Board of County Commissioners, as set forth in the Lake County Board of County Commissioners privacy policies and procedures or as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with Lake County Board of County Commissioners, whether in oral, written, or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply the Lake County Board of County Commissioners policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including the termination of employment or association with the Lake County Board of County Commissioners and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the termination of my employment or end of my association with the Lake County Board of County Commissioners, regardless of the reason for such termination.

Printed name

Signature

Date