

**BENNINGTON-RUTLAND SUPERVISORY UNION  
EMPLOYEE HIPAA CONFIDENTIALITY AGREEMENT**

I have received, read, and understand the BRSU procedure regarding the privacy of individually identifiable health information (PHI), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I hereby agree that I will not at any time during my employment with BRSU or its member districts use, access or disclose BRSU-related PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities, as set forth in the BRSU privacy policies and procedures or as permitted under HIPAA.

Employee Name (Please Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_