



County of Sacramento

HIPAA Privacy & Security Rule Policies & Procedures Acknowledgment Form for Volunteers, County Contractors, and Temporary Agency or Registry Employees

Check one: Volunteer Contractor Temporary Agency employee Registry employee

I understand and agree to the following:

1. I am responsible for reviewing, understanding, and complying with the Countywide HIPAA Privacy & Security policies and procedures;
2. I will perform my duties in good faith and in a manner that is in the best interests of the County and the public it serves;
3. I will preserve client confidentiality, except as otherwise permitted or required by law, unless there is written permission to disclose information;
4. I will promptly report any activity that I believe in good faith may violate County HIPAA Privacy or Security policies and procedures, or any other applicable law, regulation, rule, or guideline, in accordance with the reporting procedures set forth in the County HIPAA policies and departmental policies and procedures;
5. I will comply with County HIPAA Privacy & Security Rule policies and procedures. When in doubt about what constitutes compliance performance, I will consult with my supervisor.

AFFIRMATION:

I certify that I have received training on the Sacramento County ("County") HIPAA Privacy and Security Policies and Procedures, and will comply with the County's HIPAA Privacy & Security Policies and Procedures.

If I violate either departmental or County HIPAA Privacy & Security Rule Policies and Procedures, I may lose any access privileges granted by the County or the department and be subject to disciplinary action up to and including termination. Willful or malicious release of any information associated with Protected Health Information may result in personal civil or criminal liability.

I understand that when necessary, I should seek advice from the appropriate supervisor concerning appropriate actions that I may need to take in order to comply with the HIPAA Privacy & Security Policies and Procedures.

NAME of Volunteer, Temp, Registry or Contractor (MUST PRINT)	SIGNATURE	DATE
<i>County Department you're working for</i>	<i>Name of your supervisor at the County</i>	
<i>Name of your Temporary Services or Registry Agency, or Employer (if Contracted) and contact information</i>		

DISTRIBUTION:

Distribute one copy to each: <input checked="" type="checkbox"/> Individual who signed this form <input checked="" type="checkbox"/> Office of Compliance via Interoffice mail to MC 36-217. Questions? Call 874-2999. <input type="checkbox"/> Temps only: Department's Personnel Services Temp Coordinator <input type="checkbox"/> Temps only: County Personnel Services Temp Coordinator (Fax 874-4472)	Distribute the original to (as applicable): <input type="checkbox"/> County Volunteer Coordinator <input type="checkbox"/> Your Contract Agency/Company <input type="checkbox"/> Your Temporary Services Agency <input type="checkbox"/> Your Registry Agency
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