

## EMPLOYEE CONFIDENTIALITY AGREEMENT

I, the undersigned, have read and understand County policy on "Workforce Confidentiality Policy." In consideration of my employment or association with County and as an integral part of the terms and conditions of my employment or association, I hereby agree that I will not at any time, during my employment or after my employment or association ends, access or use protected health information, or reveal or disclose to any persons within or outside County, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable local, state or federal laws governing proper release of information.

I also understand that unauthorized use or disclosure of protected health information will result in disciplinary action up to and including termination of employment or association and the possible imposition of fines pursuant to applicable state and federal laws.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Department

I have discussed the Workforce Confidentiality Policy and the consequences of a breach with the above named.

\_\_\_\_\_  
Signature of individual administering agreement

\_\_\_\_\_  
Date