



STATEMENT OF USE AND CONFIDENTIALITY

I acknowledge that any information acquired during the performance of my work with Pinal County, in the course of my assigned duties or in contact with any of the County's business affiliates, must be kept confidential. This applies to all HIPAA Protected Health Information (HIPAA-PHI) as well as employee information, financial information, and County business related information.

Each individual working for the County is responsible for protecting the privacy of County clients, employee information, financial information and business information. They must also take care to preserve the confidentiality of such information in conversations, and in handling, copying, storing and disposing of documents and any and all electronic media that contains such information.

Access to County networking systems, HIPAA-PHI systems, employee information systems, financial information systems and other business affairs systems is permitted only on a need to know basis for the required performance of assigned responsibilities. Any violation of this acknowledgement or County policies and procedures is strictly prohibited.

Each employee is responsible for maintaining confidentiality by never discussing confidential information with others, never sharing passwords or access to information systems and always locking or logging off a terminal or workstation when leaving an area. Each person is accountable for all activity under their password account. Such activity may be monitored.

Disclosure of confidential information is prohibited except when it is required for the performance of the normal requirements of ones job. Disclosure of confidential information as described above is prohibited indefinitely, even after termination of employment, contract or any business agreement/relationship unless specifically waived in writing by an authorized representative of the County.

I certify that I have received and read this Statement of Use and Confidentiality Acknowledgement and understand the requirements set forth in it. I understand that I may be subject to criminal legal action and/or civil monetary penalties up to \$25,000 per person, per year for violations of the confidentiality of HIPAA-PHI. Any employee who violates the privacy and confidentiality of patient health information as well as employee information, financial information, and County business related information, through disclosure or otherwise, may be subject to disciplinary action, including termination of his or her employment with Pinal County.

Name (Print): _____ Title: _____

Signature: _____ Date: _____