



## MONTANA DEPARTMENT OF CORRECTIONS HIPAA CONFIDENTIALITY AGREEMENT

Individuals with access to confidential health records are required by law and policy to safeguard confidential information. As a Department of Corrections (DOC) employee or service provider, I agree to the following as a condition of my employment, assignment or affiliation with the DOC.

1. I understand that offenders have a legal privacy right to their protected health information. I also understand that the protected health information of an offender may include behavioral health or substance abuse treatment information.
2. I understand that protected health information must not be disclosed outside of the department or within the facility or program to individuals or employees who do not have the required authority. Disclosure or discussion of protected health information to individuals who do not have a “need to know” as defined by law and policy is prohibited.
3. I understand that I may receive an offender’s protected health information as I perform the official duties of my job and it is my legal duty to keep confidential any protected health information I read, see or hear.
4. I understand all passwords used to access department computer systems are part of this agreement and will be protected from disclosure to others. Passwords will not be disclosed to other employees to allow them access nor will passwords of other employees be used for access. To ensure security, I will log off the computer prior to leaving it unattended. I will report to management immediately if I suspect my password or username is being used by someone else.
5. I understand that all protected health information is the property of the department and the offender. The transfer, transmission, modification or purging of computer or hard copy files is prohibited unless authorized by department policy and procedure.
6. I will report all known violations of department privacy and security policies to management immediately.
7. Should my employment, assignment or affiliation with the department end, I understand I will continue to be bound by my obligation under this agreement.
8. I understand that violation of this agreement may result in disciplinary action and/or termination.

By signing below, I acknowledge that I have read and understand the terms of this agreement and *DOC Policy 1.3.2 Employee Performance and Conduct*.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_