

CONFIDENTIALTY AGREEMENT

The Galion City Health Department is committed to protecting and preserving public trust and has established this policy to prevent the unlawful release of confidential information by Health Department employees and officials.

Health Department employees collect a wide array of information when providing services to the public. Some information must be kept confidential and cannot be released to third parties, e.g., social security numbers, employee medical records, protected health information, etc. Other records created or obtained by the Health Department are subject to full or partial public disclosure under the Ohio Public Records Act, e.g., contracts, personnel actions, inspection reports, etc. See the Galion City Health Department Public Records Policy for a list of confidential records. Employees should follow the criteria below and only release information and/or records to third parties when legally required and/or permitted under the law.

THEREFORE, _____ agrees as follows:

Print Employee Name

1. I will not, without proper authorization, disclose confidential information or records that are protected by law from public disclosure that concern the property, affairs or services of the Galion City Health Department, to which I have access through my employment with the Galion City Health Department; I will not use such information to advance the financial or other private interests of myself or others.
2. I will limit my discussion of confidential matters with coworkers to those who have a legitimate need-to-know for work purposes and only in compliance with Health Department policy and procedures. I will not have such discussions in public areas, hallways, gathering spaces, etc.
3. I will protect my passwords to access electronic confidential information and I will not share my passwords with third parties, except as permitted under Health Department policy and procedures. I will secure and protect hard copy files containing confidential information.
4. If I am uncertain whether a record is confidential or public, I will ask my supervisor before releasing the record or information.
5. I will comply with the Galion City Health Department Public Records Policy when I receive a public records request.
6. I have read the Galion City Health Department Health Information Portability and Accountability Act (HIPAA) policy.

*Any failure to honor HIPPA confidentiality can be reason for immediate termination of employment.

I have read and understand my responsibilities under this Confidentiality Agreement and I agree to its terms.

Employee Name (print)

Employee Signature

Date

Supervisor Signature

Date