

## WACOSA

Waite Park, Minnesota

### Confidentiality Agreement for Staff/Board/Others at WACOSA

WACOSA has a legal and ethical responsibility to safeguard or secure the privacy of all clients and staff and to maintain confidentiality of medical, financial, personal or other data defined as Protected Health Information (PHI) of clients, their relatives, staff, volunteers, contractors and WACOSA operations. In the course of my employment/assignment at WACOSA, I understand that I may come into possession of PHI, even though I may not be directly involved in providing services to clients, and I may come into possession or exposure to other confidential information of WACOSA including proprietary information, personnel information, or other. To ensure privacy and confidentiality of client information and their families, as well as WACOSA staff, volunteers, contractors, and information about WACOSA and its operations, I agree to the following:

#### Agreement:

- 1) I acknowledge that all medical, financial and personal information, including PHI is confidential and protected against unauthorized viewing, discussion and disclosure. I further understand that this information is privileged and confidential regardless of format: electronic, written, overheard or observed. I understand and will abide by the terms of all WACOSA policies related to use of social media, electronic signatures, handheld wireless devices, etc.
- 2) I understand that I may view, use, disclose, or copy information only as it relates to the performance of my duties. Any unauthorized viewing, discussion, or disclosure of this information is a violation of WACOSA policy and may be a violation of state and federal law. I understand that violation of this agreement may result in corrective action, up to and including termination of employment or contract, and may be subject to punitive action during or after my employment/assignment with WACOSA and possible civil liability and/or criminal charges.
- 3) I agree to use the WACOSA computer based information systems for the sole purpose of performing my job and/or assigned duties.
- 4) I agree not to use the WACOSA computer based information system to access information about any other person outside the performance of my duties and including my own family members or relatives.
- 5) I agree to follow all established policies in relation to handling, changing, deleting, or destroying information in any form.
- 6) I understand that the password and ID number assigned to me to access computer based information systems is confidential and not to be shared with anyone under any circumstances.
- 7) I understand that any actions I take in the WACOSA computer based information system are identified with my unique identifier and such action can be traced back to me.

8) I will report to my supervisor any activity, by any person, including myself, that is a violation of this agreement or any of the WACOSA privacy or security policies or procedures.

9) I acknowledge that my signature on this Confidentiality Agreement signifies I have read, understand, agree and am committed to its principles. Therefore as a condition of my employment, role or assignment at WACOSA:

***I hereby agree that I will not at any time during and after my employment/assignment with WACOSA*** disclose any personal and confidential information or PHI related to clients, their relatives, staff of WACOSA, volunteers, contractors, or others and/or WACOSA systems or operations. I agree that I shall not use confidential information for any purpose other than the performance of my duties as staff (Staff includes volunteers, contractors and others providing services and/or goods to WACOSA and its clients and staff).

I further understand this signed and dated document will become part of my personnel, service, or contract record at WACOSA.

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

\_\_\_\_\_  
Department/Title/Position/Role

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date