LARIMER
COUNTY

COMMITTED TO EXCELLENCE

LARIMER COUNTY HIPAA EMPLOYEE CONFIDENTIALITY AGREEMENT

I,_____, have read and understand Larimer County's policies and procedures regarding the privacy of protected health information (PHI), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable law. In addition, I acknowledge that I have received training in Larimer County's and _____ (the designated health care component) policies and procedures concerning PHI use, disclosure, storage and destruction.

In consideration of my employment or compensation from Larimer County, I hereby agree that I will not at any time - either during my employment or association with Larimer County or after my employment or association ends - use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with Larimer County, as set forth in Larimer County's and _____ (designated health care component) privacy policies and procedures or as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with Larimer County, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Larimer County's and _____ (designated health care component) policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI may result in disciplinary action, up to and including the termination of employment or association with Larimer County and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the termination of my employment or end of my association with Larimer County, regardless of the reason for such termination.

Signature:_____   Date:_____