CONFIDENTIALITY AGREEMENT

I recognize and acknowledge that the services provided by the Missouri Department of Mental Health (DMH) and this facility are confidential. To enable DMH and this facility to perform those services, consumers furnish confidential protected health information (PHI). Confidential consumer information can also be obtained from other sources, such as the Social Security Administration. DMH workforce members also provide confidential personally identifiable information (PII) related to their employment.

In the course of my duties at DMH, I may be exposed to PHI, PII or other confidential data. I agree that I will not at any time during, or after, my employment with DMH disclose (which could mean giving someone records or talking with someone) any data I have viewed or possessed. I understand that any use or disclosure of confidential information may cause injury to a consumer, another employee, or this facility and may violate state and federal confidentiality laws and regulations.

I recognize and acknowledge that although the information contained in the medical record (PHI) can only be disclosed by the consumer or his/her legal guardian, that the medical record (PHI) is the property of this facility; that no original medical records or portions of a medical record, shall be removed from this facility for any reason, and that I will not keep or sell data in any format.

I acknowledge that in receiving, storing, processing or otherwise working with consumer medical records (PHI) from this facility, I am fully bound by HIPAA federal regulations (45 CFR Sections 160 and 164); by 42 CFR Part 2 et seq., "Confidentiality of Alcohol and Drug Abuse Patient Records"; and by Missouri state law and any other applicable federal law.

I also acknowledge that during my employment I may be exposed to PII of DMH workforce members. I understand I cannot disclose or disseminate this information.

I, _____ (PRINT NAME), employed or working or volunteering as a

_____ (PRINT POSITION) have read all of the above sections of this Agreement, and I fully understand and shall comply with them. I understand that failure to comply may lead to sanctions.

_____ _____

SIGNATURE DATE

Rev. 05/2014