



PRIVACY & SECURITY SAFEGUARDS ATTESTATION

Department of Health & Human Services (DHHS) maintains the highest standards in ensuring that confidential information in our custody is properly managed and secured. In part, we do this by enforcing strict controls over both the physical and electronic security of the information and records in our custody.

I am aware that as a DHHS employee, volunteer, intern, vendor, other County of Humboldt employee or other, I access or may access confidential information in the custody of DHHS through my business relationship or practices. I understand and attest that:

- Confidential information includes but is not limited to Personally Identifiable Information (PII), Protected Health Information (PHI), electronic Protected Health Information (ePHI), Federal Tax Information (FTI), and Social Security Administration (SSA) that is created, received, maintained, and/or transmitted within DHHS.
- I am not permitted to share confidential information with anyone who is not engaged in treatment, payment, or operations, unless authorized by law or released by the individual through a release of information (ROI).
- Confidential information is not available to the public.
- Special precautions are necessary to protect confidential information from unlawful or unauthorized access, use, modification, disclosure or destruction. There are laws to protect confidential information from unlawful or unauthorized access, use, modification, disclosure, and/or destruction.
- There is a legal and ethical responsibility to safeguard the privacy of all individuals and to protect the confidentiality of their personal, financial or health information.
- Privacy & Security training is available to all persons employed, vendors, or authorized accessed through a contractual agreement. ALL DHHS employees are required to complete this training annually.
- I will complete privacy & security training made available by DHHS within my first 3 days of employment and annually thereafter regardless of promotions or any other change in my employment status as so long as I am an employee of DHHS. This applies to interns, volunteers, or other individuals who provide services under the authority of DHHS.
- I am responsible for following all current laws, regulations, statute, or other regarding privacy and security of confidential information.
- The privacy policies, security policies, program guidelines, program specific and other overarching DHHS policies and procedures and other materials are available for guidance in regulations specific to protecting confidential information in my duties as a DHHS employee, intern, volunteer or other.
- The lack of knowledge is not a reason for the lack of protecting confidential information and it is my duty to use the resources available to me when a use, release or disclosure of confidential information is in question.
- I will become familiar with, adhere to, and use the program specific and other overarching privacy policies, security policies, program guidelines, DHHS policies and procedures regarding privacy and security, and any other material relating to the privacy, security, and confidentiality of information to ensure the protection of said information in my official duties.
- I will only access, use, modify, and/or disclose confidential information for the purposes of performing my official duties.
- I will never access, use, modify, and/or disclose confidential information out of curiosity, or for personal interest or advantage.
- I will never show, discuss, or disclose confidential information to or with anyone who does not have business purpose or authorization from the individual owner of the confidential information.

- When authorized I will only access, use, modify, and/or disclose the minimum necessary confidential information to perform my official duties or allow another to perform their official duties.
- I will never retaliate, coerce, threaten, intimidate, or discriminate against or take other retaliatory actions against individuals or others who file complaints or participate in investigations or compliance reviews.
- I will never remove from the work area or transfer confidential information without authorization and in accordance with DHHS policies and procedures that address such activities.
- I will never use personal devices to access, use, modify, disclose, and/or destroy confidential information without prior authorization and in accordance with DHHS policies and procedures.
- I will never share my passwords with anyone or create a password to be used by anyone other than myself; store passwords in a location accessible to any other person; use another employee's password; allow another employee to use my password; or allow another employee to use a program that is open under my password. This also includes any codes such as but not limited to facility access codes.
- I will always safeguard confidential information from access by others (e.g.: log out of computer or turn computer off when not in use).
- I will always store confidential information in a place physically secure from access by unauthorized persons (e.g.: locked file cabinet).
- I will not cut/copy/duplicate any DHHS issued key(s)/fob(s) and immediately report any lost or stolen key(s)/fob(s) to DHHS Privacy Officer (Toll free: 833-691-1200) or his/her designee and in accordance with DHHS policy ADM 163 – Compliance, Fraud, Privacy and Security Event Reporting.
- I will dispose of confidential information by utilizing an approved method of destruction, which includes shredding, burning, pulping, or pulverizing the records so that confidential information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed. I will not dispose of such information in wastebaskets or recycle bins.
- I will report promptly any known or suspected violations of the organization's policies and procedures regarding confidential information to DHHS Privacy Officer (Toll free: 833-691-1200) or his/her designee and in accordance with DHHS policy ADM 163 – Compliance, Fraud, Privacy and Security Event Reporting.
- Restriction of my movement within and around buildings where DHHS programs and services operate may occur to maintain DHHS compliance to state and federal regulations where applicable.
- I understand that penalties for violating one of the above limitations may include disciplinary action up to and including termination in accordance with the Memorandum of Understanding between the County of Humboldt and AFSCME Local 1684, Humboldt County Merit System, Local Agency Personnel Standards (LAPS) and civil or criminal prosecution in accordance to the American Recovery and Reinvestment Act of February 2009 (ARRA).
 - Civil penalties can range from \$100 to \$50,000 per violation up to the maximum of \$1.5 million in a year.
 - Individuals who knowingly obtain, disclose, or sell confidential information for personal gain or malicious harm may incur criminal penalties including fines and up to 10 years in prison.

I certify that I have read and understand the Privacy & Security Safeguards Attestation and attest to the above statements.

DHHS Employee (includes volunteers, WEX, etc.)

Vendor/Contractor (include name of agency/company below)

Name (PRINT): _____

Signature: _____

Agency/Company: _____ Date Signed: _____