

# GASTON COUNTY HEALTH DEPARTMENT PERSONNEL AGREEMENT

## **Confidentiality:**

As an employee, volunteer, student, or affiliate with privileges at the Gaston County Health Department, you may have access to *confidential information*. We define *confidential information* as any information that relates to patient identity as well as medical and financial information. The purpose of this agreement is to ensure that you understand your duties regarding confidential information so that you fully comply with all Local, State, and Federal regulations regarding confidentiality.

Confidential information is protected by law as well as Gaston County Health Department Policies. The intent of these laws and policies is to assure that confidential information remains confidential - that it will be used only as necessary to fulfill the goals of the Gaston County Health Department. As an employee, volunteer, student, or affiliate, you are required to conduct yourself in strict conformance to these laws and policies governing confidential information. You are required to read and to abide by these duties. Any violation of these duties will subject you to disciplinary action, which may include termination of employment, contract, and legal liability.

I agree to fully and completely uphold the conditions of this confidentiality agreement.

1. I will use confidential information only as needed to perform my required duties as an employee, volunteer, student, or affiliate with the Gaston County Health Department.
  - A. I will only access confidential information for which I have a need to know.
  - B. I will not divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as authorized by the Gaston County Health Department.
  - C. I will treat all confidential information in a manner that protects this information by others.
2. I will not disclose any passwords or other authorization I have that provides my access to confidential information.
3. I will report activities by any individual or entity, I suspect of compromising client confidentiality. Reports made in good faith regarding suspected activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

## **Policies and Procedures:**

It is the responsibility of all Gaston County Health Department personnel to be familiar and comply with the Gaston County Personnel Policies and Procedure Manual in addition to those of the Health Department.

**Please print and sign your name below:**

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Employee/Volunteer/Student/Affiliate

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Date

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Witness

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Date