



Security/Confidentiality and "Need to Know" Agreement

As an employee, intern or volunteer of Shiawassee Health & Wellness (hereinafter "the Agency"), and as a condition of my employment, I agree to the following:

1. I understand that I am responsible for complying with the HIPAA policies, which were provided to me.
2. I will treat all information received in the course of my employment with the Agency, which relates to the consumers of the Agency, as confidential and privileged information.
3. I will not access consumer protected health information (PHI) unless I have a need to know this information in order to perform my job.
4. I will not disclose information regarding the Agency's consumers to any person or entity, other than as necessary to perform my job, and as permitted under the HIPAA Policies.

I will not log on to any of the Agency's computer systems that currently exist or may exist in the future using a password other than one that has been specifically assigned to me.

6. I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on a nametag.
7. I will not allow anyone, including other employees, to use my password to log on to a computer.
8. I will log off of the computer as soon as I have finished using it.
9. If my job requires that I have consumer PHI off the premises, I will safeguard the information including not leaving it in unlocked cars and not leaving it lying around in an un-secure place in my home where others may see it.
10. Upon cessation of my employment with the Agency, I agree to continue to maintain the confidentiality of any information I learned while an employee and agree to turn over any keys, access cards, or any other device that would provide access to the Agency or its information.

I understand that violation of this agreement could result in disciplinary actions. I further understand that this agreement in no way alters my status as an at-will employee.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Witness