



**Confidentiality Agreement—Aging Services  
Acknowledgment of Responsibility to Maintain  
Confidentiality of Medical Information  
by the Aging Services Department**

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**Directions:** This form is to be used with the Aging Services Department (ASD), to obtain acknowledgment of this department's responsibility to maintain confidentiality of protected health information. Its contents should be entered into the HIPAA compliance system by your (HSS) Privacy Liaison. The form should also be filed with the Compliance Officer and with ASD's Privacy Liaison.

Read this page carefully and sign the confidentiality statement to confirm that you understand its content and will safeguard protected health information (PHI).

By virtue of the Aging Services Department's (ASD) association with the Health and Social Services Department (HSS), as a covered component that coordinates benefits with HSS (another covered component), ASD may need to obtain and, therefore, may be informed of certain client's medical information that is protected by state and federal laws or other confidential information related to goods and/or services provided in connection with state or federal grant programs.

State and federal laws mandate that the information be kept confidential unless the clients give specific written authorization or unless compelled by court order or subpoena, or when certain other conditions are met for release of this information.

By signing this form, ASD acknowledges that it must maintain as confidential all protected health information and other confidential information regarding any HSS clients which it obtains in conjunction with coordination of benefits, and ASD further acknowledges that it may not disseminate this information to or discuss the medical condition of the clients with any person except those persons directly necessary to assist with the coordination of benefits, or as may be required by law.

Breach of this confidentiality may result in monetary liability, civil and/or criminal penalties imposed by law. Any questions concerning the release of this information should be directed to the compliance officer or the privacy liaison (and security liaison for any incidents involving ePHI) for ASD or the HSS privacy liaison (and security liaison for any incidents involving ePHI).

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Original Signature of Department Director

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Department Director Printed Name

\_\_\_\_\_  
Date

Copies to: Compliance Officer

Privacy Liaison (and Security Liaison for any incidents involving ePHI) – HSS Department

Privacy Liaison (and Security Liaison for any incidents involving ePHI) – Aging Services Department

Effective: 4/14/2003  
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