Hillsborough County Florida

Confidentiality Agreement—ITS
Acknowledgment of Special Responsibilities as an Employee of the Information and Technology Services (ITS) Department

Directions: This form is to be used whenever an employee is hired or transferred into the Information and Technology Services (ITS) Department. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the employee's personnel file.

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

As an employee of the Information and Technology Services (ITS) Department of Hillsborough County, you may be assigned duties that place you in a position of special trust and reliance on your professional integrity. Your job duties may require that you have access to production databases and applications which contain confidential or sensitive information. This information may include personal, financial, or Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA).

By signing this form, you acknowledge that you will take all steps necessary to protect and maintain the data integrity of all databases and applications you may work on or have knowledge of, particularly PHI, and will not discuss PHI except with persons directly necessary to the performance of your duties.

Breach of this responsibility may result in monetary liability, civil and/or criminal penalties imposed by law for violation of HIPAA Security and Privacy Laws, and shall subject employees to discipline, up to and including dismissal, for violation of County rules.

Workforce Member Printed Name: _____ ____ _____ ____
First MI Last Suffix

Original Signature of Employee: _____

Date: _____

Received by _____ on _____
(Name) (date)