

Plumas County, California
HIPAA RELATED POLICY AND PROCEDURE

**EMPLOYEE CERTIFICATION
REGARDING PROTECTED HEALTH INFORMATION (PHI)**

I understand that while performing my official duties I may have access to protected health information. I understand that the County has adopted HIPAA related privacy policies (Board of Supervisors Resolution No. _____(4-8-03) BECAUSE:

- ☐ Protected health information is individually identifiable health information that is created, maintained or used within a department.
- ☐ Protected health information is not available to the public.
- ☐ It is necessary to protect this type of information from unlawful or unauthorized access, use, duplication, modification, disclosure or destruction.

I agree to:

- Seek guidance from a Privacy Officer if I am uncertain how to address any HIPAA related issue.
- ☐ Access, use, modify or disclose protected health information only for the purposes of performing my official duties.
- ☐ Never access or use protected health information for personal interest or advantage.
- ☐ Show, discuss, or disclose protected health information only to those who have the legal authority to receive it.
- ☐ Never retaliate, coerce, threaten, intimidate or discriminate against individuals who file complaints, participate in investigations or exercise their rights relating to HIPAA.
- ☐ Remove protected health information from the work area only in connection with my official duties.
- ☐ Never share computer passwords with anyone, or store passwords in a location accessible to unauthorized persons.
- ☐ Keep protected health information physically secure from access by unauthorized persons.
- ☐ Dispose of protected health information by utilizing an approved method of destruction. I will not dispose of such information in wastebaskets or recycle bins.

I understand that penalties for violating privacy practices may include disciplinary action, and federal law prescribes civil or criminal prosecution for violations of HIPAA.

“I certify that I have read and that I understand the foregoing.”

Print Full Name

Signature:

Agency/Department

Date Signed:

Date Issued - April 14, 2003

Date Revised – November 25, 2003