

**Office of Mental Health  
Department of Health and Hospitals**

**Employee Confidentiality/Security non-disclosure Agreement<sup>1</sup>**

I understand that I may have access to written and/or automated confidential information, and/or records, concerning patients and employees, in order that I may perform my current job duties. I further understand and agree that I am not to disclose confidential information and/or records without prior consent of the appropriate authority within my organizational unit of the Department of Health & Hospitals (DHH) Office of Mental Health.

I understand that all user IDs, passwords, and/or devices to access data are issued on an individual basis. I further understand that I am solely responsible for all information obtained, through system access, using my unique identification. At no time will I allow use of my user ID, password, and/or device by another person.

I understand that accessing or disclosing confidential information and/or records, or causing confidential information and/or records to be accessed or released, outside the scope of my assigned job duties, would constitute a violation of this agreement and may result in disciplinary action taken against me, up to and including dismissal and any penalties or sanctions provided by Federal or State law.

By affixing my signature to this document I acknowledge that there are laws, regulations and policies concerning access, use, maintenance and disclosure of confidential information and/or records. I further agree that it is my responsibility to assure the confidentiality of all information which I may have accessed even after my employment with the Department has ended.

I certify by my signature that I understand the scope and nature of this agreement:

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Witness: Supervisor/Contract Monitor Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Witness: DPO Signature

\_\_\_/\_\_\_/\_\_\_  
Date

<sup>1</sup> Form ID# OMHIIS-A2. This form is the accompanying document for form ID# A1 (New User Registration Form). Created 8/8/2005 Updated 8/8/2005. It should be resigned with the employee's annual PPR review session and filed locally.