

Employee Confidentiality/Privacy Agreement

As an employee, I understand that I will be entrusted with confidential Protected Health Information (PHI) about the person/people supported by this Managing Employer. It is of the utmost importance that I respect and protect the confidential nature of this information at all times when either working or when in the community outside of work.

I understand that even the basic fact that someone is receiving supports and services is confidential, and the release of such information without their knowledge and consent could cause them harm. Much of the information I will have available to me for use in the course of my work is extremely confidential in nature, and I will regard such information with the same privacy I would want afforded to me.

I have completed the training provided about confidentiality and privacy practices and understand my responsibilities to ensure the privacy of PHI of individuals I support. Further, I understand that if I violate the EOR's policies and procedures regarding the safeguarding of information of individual(s) I support, I will be subject to disciplinary action up to and including immediate dismissal and legal action by the individual.

Print Name

Title

Signature

Date